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PAIN IN THE LOINS.

From Sir B. C. Brodie's Clinical Lectures at St. George's Hospital.

I PURPOSE calling your attention now to a different subject. In my last lecture, I said I should not always lecture on diseases, but sometimes merely on the symptoms of the disease, because I think in this way a great deal of practical knowledge may be learned. It may be all very well to take up one disease in particular and confine yourself to it; but depend upon this, none will succeed in practice who have not made themselves so far masters of the symptoms, as to be able to judge of the circumstances which produce any one symptom in different diseases. Now there is nothing in practice which you will be so often consulted about as "pain in the loins." It may be produced by a variety of causes; most commonly it is what is called lumbago, a kind of rheumatic or gouty pain in the lower part of the back and loins. It is a disease which is produced by a general derangement of the system, perfectly independent of any local mischief. You find a patient complaining of severe pain in his loins, aggravated whenever he attempts to move, so that he cannot even turn in his bed. If it is simple lumbago, you will find there has been some derangement of the digestive organs, attended with costiveness; an overloaded state of the colon is sufficient to produce this disease. A gentleman consulted me about a severe pain in his loins, which went off when he got up and bustled about: this was nothing but hardened fæces in the colon, and was entirely removed by an active purgative. Sometimes, however, it is more deeply seated; the patient has acidity of sto mach after taking his meals, and is troubled with flatulency; the urine also deposits a precipitate of lithate of ammonia; sometimes it stains the chamberpot like a pink saucer; at other times it is of a yellow or orange color; the urine comes away clear, and deposits these sediments most abundantly in the morning. When there are none of these deposits, the urine is clear and healthy. I said this disease was rheumatic, but, in truth, it is gout rather than rheumatism, for all those diseases which occur from acidity of stomach approach nearer to gout than to rheumatism. The real seat of the disease is in the nerves rather than the muscles; and I say it dwells in the nerves for this reason: that it frequently terminates in sciatica, producing pain throughout the whole extent of the sciatic nerve. That there is inflammation of the neurilemma of this nerve in these affections, is proved by several preparations in the Hunterian collection, and in these preparations it will be observed that the neurilemma is much thickened. You may distinguish this affection, then, by its being preceded by costiveness, flatulence, and deposit in the urine. The patient may be much relieved by cupping, but this will not be sufficient for his cure ; he should be freely purged in the first instance, and this should be repeated frequently. The acidity of the stomach is to be relieved by the administration of alkaline remedies, the best way of administering which is by combining them with a small quantity of some vegetable acid. Sir G. Blane recommended them to be given in this way. A scruple of carbonate of potash may be taken in the manner I have described, two or three hours after breakfast, and again after dinner. This state of system, if not speedily relieved, lays the foundation for a variety of diseases. In a large number of the cases of synovial inflammation, you will find the stomach in this state, and you will in vain attempt the cure by local remedies ; the constitutional symptoms are those principally to be attended to. You will also obtain great benefit from the exhibition of small doses of colchicum, from i. to ij. grs. of the acetous extract, at bed time, for several successive nights. I am not in the habit of giving this medicine in large doses. There is another form of the disease which is very similar to this, in which there is intense pain extending down the limb, and attended with a good deal of fever ; by-and-by the limb becomes numb, and the muscles do not obey volition ; then the pain in the back subsides, and the patient is left in a state of paraplegia. This is not a very common disease, still you may meet with it ; it is similar to lumbago, but more intense. If the disease is allowed to go on, the paraplegia is hopeless : the symptoms resemble those of inflammation of the spinal cord ; but as patients do not die of this malady, it was very long before I had an opportunity of confirming this opinion. I was called to see a gentleman who was suffering from severe pain in the loins, accompanied with incipient paraplegia of the lower limbs. I prescribed a course of mercury, but it had no effect, and he went into the country again, not at all relieved. About twelve months after, I saw him again ; he was in the same unfortunate condition. Like the King in the Arabian Nights, his lower limbs were like marble ; it so happened that when I called there, I was on my way to Dr. Davies, to see some preparations, and there I saw the spinal cord and corda equina encrusted with coagulated lymph ; he described the symptoms of the patient from whom it was taken, and they entirely corresponded with those of my own patient, only that his patient died, whereas mine recovered. I suppose if allowed to run its course, many would die ; still more would remain paraplegic. But I believe much may be done for this distressing affection. If there is inflammation of the cord, treat it as you would inflammation of the membrane of the cord ; purge the patient, cup him in the loins, and bring him as soon as possible under the influence of calomel and opium. I am sure I have saved many by this treatment. Again, pain in the loins may be the consequence of diseased kidneys ; this is sometimes a nice point to decide, as you cannot judge from the pain ; the kidney may be much diseased without giving much pain, or the patient may suffer the most exquisite pain if there be a calculus; but in this case it will only be felt whilst it remains in the ureter. No pain varies so much as that produced by calculi, but generally it is aggravated by any excess. Sometimes, the patient has great weakness in the loins; the pain, arising from such weakness, being relieved by placing a cushion under him when he lies down; but the nature of the pain is not sufficient to enable you to say whether or not it originates in the kidneys.

Swelling and inflammation of the testicle, accompanying severe pain in the loins, is generally indicative of disease in the kidneys. If there is cutting pain on making water, attended with sickness, the same disease is to be suspected, as nearly all the diseases of the kidneys are marked by the irritable state of the stomach. When this is the case, the patient is languid, incapable of exertion, his appetite is bad, he loses flesh; but if these symptoms are not sufficient to satisfy you as to the nature of the disease, you must examine very carefully the state of the urine. In most cases, where pain in the loins is the result of diseased kidneys, the urine is found to be albuminous. This may be known by boiling a small quantity, when it will become opaque from the deposition of its albumen; or the same thing results from the addition of nitric acid; if it should be voided opaque, it is rendered more so by the means I have stated. Sometimes the urine deposits pus, or something so much like it as not to be distinguishable from it; as the disease goes on, other symptoms occur which clearly prove it to be in the kidneys. If there be a calculus formed there, it will some day or other escape into the bladder; but if its passage from the kidneys should be obstructed, masses of lymph are formed, which, passing down the ureters, produce the same distressing pain in the loins and testicles as that arising from stone. These masses of lymph sometimes present a laminated appearance, and are of an oval form; at other times they are found mixed with pus. Occasionally there is a large secretion of mucus in the kidneys, which, in its passage through the ureters, produces very severe pain. But you are not to conclude that a patient has diseased kidneys merely because he has a pain in the loins, as there are many other symptoms to be considered. Caries of the vertebræ is another cause producing pain in the loins. When the vertebræ are affected with scrofulous disease, the cancellous structure is infiltrated with cheesy matter. Ulceration of their cartilages is also found in children of a strumous habit. There is another disease attended with the same symptom; it appears to be a kind of rheumatic inflammation of these bones, or cartilages, or it may be of both. It occurs chiefly in adults, and is in no way connected with a scrofulous diathesis. Either of these causes, then, may produce pain in the loins; the difficulty is to determine from what cause it arises in any particular instance. In scrofulous disease, the pain is generally very trifling, sometimes so slight as to be scarcely observable; perhaps, when the patient is walking, he strikes his foot against a stone, which jars his back and produces slight uneasiness; he also feels it on stooping, or a slight blow may give rise to it. But, in many cases, the symptoms are so slight that you are not justified in setting it down as discased vertebræ till the appearance of lumbar abscess, which is a result of disease of the bone, and not of the soft parts.

Mr. Abernethy was unquestionably wrong in his opinions on the origin of this disease. I do not recollect ever to have examined a case where the bone was not diseased. In the other form of disease which I mentioned, the pain in the loins is considerable, and is aggravated by motion; but still the pain is very different from lumbago, coming on gradually, whereas the latter, as you are aware, comes on in paroxysms. Again, in lumbago the pain extends to the hips and thighs, but this is confined to the back. If allowed to go on, its nature becomes plain enough at last. Here the bodies of the vertebræ are affected: the consequence of which is a tilting up of their spinous processes, ending at last in lumbar abscess. This elevation of the spinous processes is what is called angular curvature. Lumbar abscess may then be the result of inflammation of the vertebræ as well as of scrofulous disease; the distinction being that in the former cases the matter does not escape externally, but in the latter it does. It is quite an extraordinary thing, the extent to which caries may take place in the bones, without matter being formed. But pain may occur in this region when disease is in the vertebræ above; in disease of the dorsal vertebræ, for example, the pain is referred to the loins: this is of course sympathetic pain; but when it has gone on for a year or two, it is felt in the actual seat of disease also. I said that when there was pain in the loins, with deposits in the urine, the kidneys were always diseased; but I am not quite satisfied that this sign is sufficient. I attended a gentleman some time ago, with Dr. Prout; we examined his urine, and thought he had mulberry calculi, and treated him accordingly: his urine was sometimes of a greenish color. When he struck his foot against the pavement in walking, he suffered slight pain in the back, which led me to suspect some disease of the spine. But the knowledge we then possessed of these diseases was insufficient to determine whether or no such was the case. He went into the country, but I saw him again some time after, and then, on examination, I found very considerable angular curvature of the spine, two or three of the vertebræ being affected. I then treated it as caries of the spine, and he recovered, the urine no longer remaining albuminous. You must have observed in patients brought in here after a fall, how frequently the urine is deranged; it is not then to be wondered at if it should be considerably affected when there is actual disease in the vertebræ. In these latter cases, however, the urine is rendered ammoniacal as well as albuminous.

There is still another disease which I must mention as producing pain in the loins; it somewhat resembles fungus hæmatodes; in this disease, it is the lumbar nerves which appear to be affected; it is attended with very severe pain, but it is not at all common. You may be led to suspect the presence of this disease, by the absence of those symptoms which I have described as indicative of the other affections of this region: by the pain extending down the whole of the limb; and your diagnosis will be rendered certain by a tumor being felt in the loins, which may be detected by pressing upon the abdomen. Weakly persons are very subject to pain in the loins, independent of any disease of the part; half the delicate women in this town, from their habits of living, suffer from this pain, and you can never ask a hysterical young woman to relate her symptoms, but she will mention pain in the loins. With such persons, you will always find there is exquisite tenderness of the integuments over the part; but this is only so long as the patient's attention is directed to it; avoid this, and you may press it as much as you please. This is to be detected by the cold hands and feet, irregular menstruation, in some cases the existence of some other discharge, and by the sensibility of the skin when the patient's attention is directed to the part. This class of patients are not to be implicitly relied upon; as they will sometimes tell you the pain is slight, at other times severe, but most frequently they endeavor to exaggerate their symptoms; it is, therefore, necessary that you should be very careful in distinguishing between this and other affections. I need not tell you how important it is to distinguish actual disease from nervous debility.—*London Medical Times.*

EARLY NAMES AND HISTORY OF TOBACCO.

By Stephen J. W. Tabor, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

If the history of the discovery and introduction of the various articles of the Materia Medica, and their compounds, could be fully unfolded, it would present a series of romantic incidents that have scarcely been equalled by the fictions of poets or the tales of novelists. Were we but to personify these substances and suffer our imaginations to invest them with human attributes, we should behold a succession of pictures calculated at once to instruct and amuse. The therapeutical characters would each, like man in the melancholy Jaques's portraiture of the seven ages, "play many parts," and the events would make up one vast tragi-comedy. We should see among these personages, as among the real ones who inhabit our globe, the worthy often persecuted and oppressed, and the worthless frequently clothed with honor and preferment. We should see, too, successive changes rapidly pursuing each other, many of them depending solely upon the vagaries of unfounded hypothesis and the errors of unwarrantable deduction. We should see prejudice triumphing over reason, and ignorance vanquishing learning. Many of the articles, in turn, we should perceive arrayed in the garments of a specific, and soon again view them stripped of their robes and sinking into insignificance. Mighty castles and stupendous fabrics, erected on these claims to pre-eminence, would meet our gaze, tumbling into ruins with the destruction of the foundation upon which they were built. But the details thus desired are in a great degree beyond our reach, as a large number of the agents have an origin too remote for the contemporary cognizance of printing, and most of those discovered or introduced into the medical world since the invention of that most invaluable of arts, possess no recorded history of the peculiar circumstances which called them, if vegetables, from the common ranks of botany into the more exalted situation of a place in the Materia Medica. Intent on communicating the merely therapeutical qualities of the medicines they had to introduce, physicians have generally neglected to relate the minor events of which we have spoken. This portion of medical literature is consequently enveloped in a veil of obscurity which it is now, in most cases, impossible to raise. Those articles concerning which such incidents can be written, are indebted for them more to miscellaneous writers—to voyagers and historians—than to the professional authors who describe their therapeutical powers and application. Even the edicts of monarchs and the decrees of States are archives from whence can be drawn important facts relative to medicinal history, as is fully shown by the examples of antimony, which was proscribed by the Parliament of Paris; by dissection, which was forbidden, at one time, by all governments; by venesection, which was controlled by statute in Spain; by the doctrine of contagion, which was invested with extensive and fearful influence through the quarrels of popes and kings; and by many others which might be named. Vicissitudes, to a greater or less extent, have, from these and other causes, attended nearly every article in our dispensatories, and by a very natural vaccillation of the human mind, it has not unfrequently happened, that a medicine extravagantly lauded has afterwards received unjust animadversions, and been depressed as much below its proper level as it had before been raised above it. In this ebb and flow of medical opinions, few therapeutical agents have been more blest by the breezes of favor, or harder tossed by the gales of disapprobation, than TOBACCO, or, as it is officinally styled, *Nicotiana Tabacum.* It has had ardent devotees to utter its praises, and as zealous opponents to overwhelm it with denunciations. Amidst conflicting opinions, from the very outset, it has gained an ascendancy in popular predilection which seems an anomaly, when we consider the disgust it in every instance produces in those unaccustomed to its appearance, and not habituated to its use. But notwithstanding the coldness with which it is at first received, and the offence it then invariably gives, it has contrived to overcome this dislike and to instal itself in the fairest niche of all the flowers of Parnassus. Neither the rose with all its blushes, the lily with its spotless whiteness, or the loveliest plants which glow with beauty or are redolent with fragrance, have so many or such indefatigable worshippers. Little more than three centuries ago it only distributed its odors in the wigwam of the Indian, or rose in clouds at the war councils of the American aborigines: now it has entered the palace of the oriental despot, has mounted the throne of the European monarch, has become the companion of the magistrate, the relaxation of the peasant, the indulgence of the man of letters, the favorite of the lady and the chamber-maid. The snows of Lapland and the arctic ice of Siberia have not excluded it from their unfruitful clime; nor have the sands of Arabia or the burning suns of Africa hindered its introduction into those arid regions. Turk and Christian, Pagan and Jew, the civilized and the savage, are equally subjected to its potent influence, and are equally willing to suffer deprivation and exertion to procure it. The rapidity of its spread and the universality of its reception is, perhaps, without a parallel in the annals of the history of medicine or of luxuries; and this is the more surprising, when we consider that it has been accomplished amidst the anathemas of religion and the prohibitions of law.

Its estimation in the Materia Medica was once likewise very high, and physicians thought as much of it in a professional point of view as they did as a gratification. But the dyspepsias and nervous complaints, which they have since traced to its use, have led many of them to wish its rejection from the pharmacopœias, and to deny it any useful properties whatever; as we have seen many members of the profession, on account of the evils of intemperance, declare alcohol destitute of any beneficial remediate powers, and even unnecessary as a menstruum upon any occasion. The evils produced by both articles are not to be denied, but were those medicines prescribed by practitioners to be all set aside whose abuse has occasioned mischief, not one would be left. Tobacco having committed more offences, from its great popular consumption, is, for that very reason, more liable to be too severely condemned by the physicians who sit in judgment upon it.

There being so many considerations connected with tobacco, I propose to present a few articles on its history, cultivation and therapeutics, and I shall enter more minutely into the first part of the subject in consideration of the curious circumstances with which it abounds, and the very diverse quarters in which they are scattered. So rich is its history in singular details, that with more leisure and opportunity for the requisite research, I might largely increase the incidents collated, and make still further additions to the romantic chapter in the Materia Medica for which this plant affords the materials. For almost every fact mentioned, it will be seen, I give my authority—as some may think with unnecessary particularity, though I shall be more precise from the rarity of many of the works, and because they are most of them of such a multifarious character that they would not come under the observation of a strictly professional reader. The first time an authority is cited, it will be perceived, I shall have generally given the date and locality of the edition used, unless it was a common and well-known production; but the references afterwards will be more brief. I shall also have occasion to refer to several treatises which I inadvertently omitted to include in the "Bibliography of Tobacco," published in the seventh No. of the last (30th) volume of this Journal. For a number of years I have been occasionally engaged, when convenience and opportunity allowed, in these investigations, and since their commencement having had free access to the public, and to many private libraries in Boston, Cambridge, New York, and several other cities and towns, I discovered that the facts which elucidate the history of the "Virginia weed" were scattered incidentally in nearly all the accounts of the earlier voyages to America, and in the first notices of this Continent. The examination, though perhaps only prosecuted from capricious curiosity in the beginning, became finally an interesting inquiry for various leisure hours, and led me, when graduating at the College of Physicians and Surgeons of New York city, to write my thesis upon *Nicotiana Tabacum.* The few communications I shall here contribute will be mainly extracts from this monograph, now augmented and re-written, and which, it is possible, may be presented in full to the profession. at some future day, in a volume by itself.

Europeans were unacquainted with tobacco till after the discovery of America by Christopher Columbus. Seeking to find a new passage to a supposed portion of the old world—more particularly "to the golden coast of rich Cathay," to borrow an expression from Thomson's *Seasons*, this celebrated navigator brought to light a vast continent unknown before to the civilized nations of his time, and upon it he met new men, new animals and new vegetables. Among the latter, without enumerating the many that might be named, were cinchona, ipecacuanha, jalapa, the potatoe, and tobacco. It is with the last we have to do. The Spaniards having witnessed smoking in the island of Cuba, during Columbus's first voyage, as I have already related,[*] at length became addicted themselves to the habit, and introduced the use of the new luxury to their own father land. But many a lustrum of years elapsed before a custom, at first so repulsive to the senses, attracted much attention or favor in Europe. It is impossible that the early voyagers from *all* the countries of the Old World should not have been surprised at a habit so novel, but the notices of the expeditions are often imperfect, and the historiographers frequently do not record the impressions. Still we find some such accounts, and they legitimately belong to the history of tobacco.

In 1535 Captain Jaques Cartier, a French navigator, the records of whose voyages give us the first and most accurate description of the *scurvy* as it broke out among his crew, explored the more northern portions of North America, and an old narrative of the expedition tells us of the Canadas, that "There groweth here a certaine kinde of herbe, whereof in summer they make great provision for all the yeere, and onlie the men vse of it; and first they cause it to be dried in the sunne; then weare it about their neckes, wrapped in a little beaste's skinne like a little bagge with a hollow peece of stone or of wood like a pipe; that when they please they make pouder of it, and then put in one of the ends of the said cornet or pipe, and laying a coal of fire upon it at the other end, sucke so long that they fill their bodies full of smoak till that it cometh out of their mouth and nostrils even as out of the tunnell of a chimney. They say that this keeps them warm and in health, and never go without some of it about them."[†] Such is the "laboriously minute description" of perhaps the first acquaintance on record which the French made, in the words of Professor Tytler, "with the salubrious and far-famed plant tobacco."[‡]

According to Professor Beckmann's *Anleitung zur Technologie*, a work full of labor, learning and research, and where he considers the chronology of tobacco at considerable length, it was during the year 1535 the negroes in the West Indies began to use this herb throughout all the plantations.[*]

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[*] Boston Medical and Surgical Journal, vol. xxx., p. 396.

[†] Seconda Relatione di Jacques Cartier, in Ramusio's Racolto delle Navigationi e Viaggi, tom. iij., p. 449. Venet, 1558, fol.

[‡] Historical View of the Progress of Discovery on the more Northern Coasts of America, &c., chap. i., p. 47. New York, 1833.

In 1559, according to Don Jose Ximenes, it was sent into Spain and Portugal by Hernandez de Toledo,[†] but he does not appear to have transmitted it to any one who either used it or brought it into public notice. That same year, however, Jean Nicot, lord of Villemain, and master of requests in the household of Francis II., of France, was ambassador from that monarch at the court of Lisbon.[‡] From a Dutch trader just returned from the "long voyage," who was introduced to him by the keeper of the monuments at Lisbon, he received some seeds of the precious plant. A part of these he presented to Catherine de Medicis, and a part to a grand prior of the house of Lorrain. Catherine used the pulverized seeds as a medicine, and the French called the plant by several names, as herbe à la reine, herbe à l'ambassadeur, herbe au grand prieur, &c.[§] This was its first recorded use among that people, so famous for their politeness and—snuff-taking! To this fact Nicot probably owes the celebrity his name has acquired, for although he compiled a Latin and French dictionary, and wrote a treatise on navigation,[||] these works have long since sunk into obscurity, and would never have saved the notary of Nismes from oblivion: but Linnæus has done so by bestowing the title of *Nicotiana* upon the genus to which tobacco belongs.[¶] So singularly does the course of events play with human calculations and defy human foresight. For a whole life was the French master of requests struggling for eminence, and probably toiling for immortality—delving in lexicography and laboring in science—labors all unproductive of their aim; while an unconsidered presentation of a few tobacco seeds to the mother of a king, a civility from which nothing farther was expected than a courtly smile or some royal condescension, carried his name to posterity and will always preserve it. This little episode was indeed one of his last acts, for he died in Paris, May 10th, 1600, and was buried in the Eglise de St. Paul, where his epitaph is yet to be seen. Having been sent to a personage in so conspicuous a station as the celebrated, or rather notorious, Catherine de Medicis, and having received favor from her, the reputation of tobacco began to be diffused in Europe, and was ere long styled, among other names, "The Cure of all Ills;" "The Sacred Herb;" "The Holy Plant;" "The Antarctic Panacea."[**]

In the voyages of John Hawkins, made after the death of Nicot, we are presented with notices of the herb. In the year 1564, during his second voyage of discovery, he visited Florida, and the account given in Hakluyt[††] tells us, "The Floridians when they trauell haue a kind of herbe dried, who with a cane and an earthen cup in the end, with the fire and the dried herbs put together, doe sucke thorow the cane the smoke thereof." On their return to England, Hawkins and his crew had no success in introducing tobacco among their countrymen, if indeed they made the attempt. It was shown, however, but with no other result than that "all men wondered what it meant."[*] It was not till twenty years afterwards that smoking began to gain popular favor in England, though it was already partially known in some other parts of Europe.

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[*] Agricultural Letters from the British Possessions in America, by G. Watson, p. 513. Glasgow, 1790.

[†] Des Efficaces Virtudes neuvramente descubiertas en varias Plantas que se traen de neustras Indias Occidentales, tom. iij., p. 315. Coimbra, 1578, 8vo.

[‡] Le Grand Dictionnaire Historique, &c., par M. Louis Moreri, tom. vi., p. 89. Amst., 1740, fol.

[§] Le Récueil touchant l'Histoire des Maîtres des Requêtes, par M. Guignard Montserat, tom. iv., p. 329. Marseilles, 1774.

[||] Bibliotheques Françoises, tom. v., p. 307. Paris, 1773.

[¶] Genera Plantarum eorumque Characteres Naturales, n. 248. Lugd. Bat., 1737, 8vo.

[**] Anleitung zur Kraeuterkenntniss, u. s. f., band ii. seite 192. Berlin, 1813, 4to.

[††] Navigations, Voyages and Discoveries of the English Nation, vol. iii. p. 615.

In 1565 Conrad Gessner says[†] tobacco was found in many gardens of Germany, and in the same work he details some experiments he had made on the herb, and adds that it was called Nicotiana from the name of the ambassador who introduced it into France—"*A Gallis Nicotianam vocari audio, nomine legati cujusdam qui Galliæ intulerit, ab aliis Pontianam.*" Mathias de l'Obel, or Lobelius, who published his *Stirpivm Adversaria Novum*, &c., in London in 1571, and in honor of whom Linnæus named a genus of syngenisian plants *Lobelia*, informs us the *Nicotiana Fructicosa* was cultivated—doubtless as a rare exotic—in 1570, by the Duchess of Beaufort. In 1575 André Thevet published at Lyons his *Cosmographie de Levant*, containing a figure of the tobacco plant, and in the work he claims to have introduced the herb into France before any seeds had been sent from Portugal to Catherine de Medicis, or, as Citoyen Lamarck expresses it, he contested with M. Nicot the *glory* of giving tobacco to France.[‡]

Tobacco is mentioned a number of times in the narratives of the voyages of Sir Francis Drake, and in one place where the relater is doubtless mistaken as to the native name in California, though the extract shows that so early as June 17th, 1579, the English observed tobacco in that peninsula. "The basket brought by the Indian ambassador, or orator," we are told in a British work,[§] "was filled with an herb which, in some of the original relations of the voyage is called *tabah*, the native name, and in others tobacco."

There is a general agreement among historians, and other writers, that it was during the year 1586 that tobacco began to be an article of popular consumption in England. There is a slight discrepancy as to the individual who is said to have brought it: some attribute it to Sir Francis Drake himself; others, as Heylin and Hume, to his mariners and fleet; others, as Bancroft and Robertson, to Lane and his fellow colonists; but these apparently conflicting statements are reconciled by an examination of the facts. In 1584 Queen Elizabeth gave Sir Walter Raleigh a patent, entitling him to the possession of such countries as he might chance to find. He immediately fitted out a small fleet, and his mariners discovered the territory of *Virginia*, which was so called upon the return of the expedition, in honor of Elizabeth,[‖] who was unmarried, and therefore, by etiquette at least, a *virgin queen*. It was herself, in fact, who bestowed the name, after becoming acquainted with the accounts of Amidas and Barlow, now preserved in Hakluyt's valuable collection. On the 9th of April, 1585, Raleigh despatched another fleet, consisting of seven vessels, and carrying 108 emigrants, under the command of Sir Richard Greenville. A small colony was formed, and Ralph Lane was constituted its Governor. During the winter of 1585 and 1586 the colony suffered very much, and, chief magistrate and all, were anxious to return to England, which they did with Sir Francis Drake.* This commander touched at Virginia, June 18, 1586, and arrived with the returning emigrants in England, July 28th of the same year. Tobacco, and the habit of smoking it, were brought by both Lane and his companions.† The farther early history of the plant, its introduction at the British court, its adoption by royalty, nobility, ladies, and gentry, its advent in Italy, and other European countries, some of the literary notices respecting it, and many curious particulars besides, will be hereafter noted in three or four additional articles in continuation of the present.

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[*] This sentence is quoted, without reference, by Joel Maunsell, in an article entitled *Chronology and Statistics of Tobacco*, published in the Northern Light, vol. i., p. 110, Albany, Oct. 1841.

[†] Epistolæ Medicinales, fol. 79. Nov. 5, 1565.

[‡] Dictionnaire de Botanique, tom. iv., p. 477. "Thevet a disputé à Nicot le gloire d'avoit donné le tabac à la France."

[§] Lives and Voyages of Drake, Cavendish, and Dampier, &c., p. 93.

[‖] Hakluyt's Navigations, Voyages, and Discoveries of the English Nation, vol. iii., p. 246.

LAWS RELATING TO MEDICAL PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In a recent number of your Journal there is a note of your own, on the subject of a late resolution of thanks to the legislature by the Botanic Physicians of Rochester, N. Y., *renouncing* connection and declining to consult with us. You say, also, that this must have appeared absurd to themselves, and seem to imply that for the especial mark of favor the legislature were not actuated by "a conviction of the importance and value of the reformed medical practice," &c. Now, Sir, though not accustomed to differ from your judgment, I cannot agree with you here; for I do not only believe that it did not seem absurd to them to propose the resolution, but that the legislature were actually convinced of the "value of their practice." Sir, I might here ask the trite question, and why should they not be convinced—for what do they know of medicine? Is it not conceded that none can know but the patient investigator, the accomplished student of her mysteries? No, Sir, it is not so. In some observations of my own, written years ago, I find these words—"Most patients look to the specific power of the drug; they swallow to add what is needful, or to subtract what is redundant, in their bodies." Experience has added to my conviction of the utter impossibility of communicating the rationale of medicine to the people, and I do solemnly believe that the above quotation would express the impressions of two thirds of the legislature who passed that very law. If I am right, is it not rather surprising that the law was not long since passed? For myself, I do not regret the passage of the law, but believe it may be, like a pestilence, secondarily beneficial, for attention must be arrested ere an evil can be avoided or remedied. As in the French Revolution, the innocent may suffer, but the result will be good. Indeed, I am firmly convinced that the late act is not only a necessary, but a very great step towards medical reform. But this reformation must begin with the profession; it would be absurd to expect it to begin with the people, for they have just extended their protection to a class of men not only destitute of all science, but of common honesty. I do not think them destitute of humanity, for it would certainly be more pleasing to them to cure than to kill their patients, besides being much more profitable. The truth is, my dear Sir, neither these men nor the legislators give satisfactory evidence of a just appreciation of human responsibility, or they would never talk and act as they do on the subject of human life, either in their collective or individual capacity—either as attendants on the sick or as legislators. But we cannot expect them to act otherwise, because they are profoundly ignorant of the principles of our science. Nor are they alone. Turn your eyes to the pages of all the newspapers, and look at the certificates of our wood sawyers, our whiskey distillers, our fringe weavers, spectacle grinders, &c., in favor of oculists and doctors, who are also eulogized by our professors of anatomy to their classes, and by the clergy from their pulpits, and let us ask ourselves what reason have we to expect the just appreciation of real science? Do not these very men who make laws and preach sermons, employ these people, and when have they ever been detected in the study of science? Never. Dewitt Clinton is no more; and the pseudo-philosophers who assume the awful responsibility of making laws for regulating the practice of our profession, are indeed much better suited to almost any other occupation than that of legislators. We must "bide our time," and endeavor to persuade our brethren to elevate the standard of medical character, not by the puny and imbecile efforts of societies seeking to make a show of intellect out of individual mental inanity; but as there is no longer any pecuniary reason (thank God that it is so) for these useless assemblages, let them be for the future societies of emulation, composed of MEN—reasoning, inductive, intellectual *men*—standing upon their actual knowledge, with the "summor honores" of their profession from State censors—elected *without nomination*—without fear or favor—by the individual vote of every licensed physician in the State. Then, and not till then, shall we be protected from ignorant legislation and heartless empiricism, and then will some of our colleges cease to huckster their diplomas, to their own shame and that of the profession they disgrace. E. H. DIXON.

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* Hakluyt, vol. iv., p. 26.

† Encyclopædia Britannica, vol. xvii. p. 628.

New York, July 23, 1844.

A NEEDLE IN THE GALL-BLADDER—DEATH OF THE PATIENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you may deem the following case worthy of publication, it is at your disposal.

On the evening of the 22d of June last, I was requested by Mr.

G——— D———, of this town, to visit a little boy of his, aged about two years. He had ever been remarkably healthy, with the exception of a slight indisposition for several days previous to my first seeing him. His appearance at this time, and the general character of the symptoms, were such that I did not hesitate to pronounce it a severe attack of dysentery, caused by a preternatural quantity and acrid state of the bile. The abdomen was enlarged, hot, and tender upon pressure. Tongue loaded with a white coat, the edges presenting an unusual redness. The pulse was 120 and strong, the breathing also somewhat hurried. There was constant restlessness, which at short intervals assumed the character of very acute paroxysms. I immediately ordered large and repeated opiates, an occasional mercurial, with fomentations to the abdomen, and gum water for his sole diet. The next morning I found that he had improved decidedly during the night, with the exception of the bilious discharges, which continued very free. The treatment was now varied; from time to time consisting of opiates, absorbents, mucilages, enemeta, fomentations, and an occasional milder mercurial, till the 30th, when the brain became somewhat affected, and blisters were applied to the nape of the neck, and behind the ears, with temporary relief till July 2d. The symptoms now all assumed a more alarming aspect, and at 8 in the evening, exhausted nature sank beneath the weight of its continued sufferings, and death came to its relief.

Believing that there was something unnatural about the liver, from the inordinate quantity of bile that had passed, and its not being subject to the effect of known medicines upon this organ (although we did not hesitate to pronounce it a case of dysentery, as did a neighboring physician who was called in council), we proposed an examination after death, which was readily complied with by parents and friends.

Autopsy, twelve hours after death.—The stomach and small intestines showed appearances of congestion, with slight imflammation. The spleen, pancreas, kidneys, bladder and large bowels, appeared perfectly normal. The liver was nearly twice as large as natural, highly congested, and also showing some appearances of inflammation. The gall-bladder was distended to more than twice its original size, with very dark-colored bile, and containing a common sewing needle, highly polished, about one quarter part of its length (the pointed extremity) being gone. There was no appearance of the needle being corroded, the point merely showing signs of recent fracture. The inside coat of the gall-bladder was completely disorganized, from the inflammation which the needle probably produced. The examination of the brain and thoracic organs was not continued. When or how the needle came there, is altogether unknown, but it must probably have been swallowed, passing into the stomach and duodenum, entering the duct that discharges the bile, and thence into the gall-bladder itself, when it became stationary, proving a continued source of irritation. J. Allen Tebbetts, M.D.

Andover, N. H., July 16, 1844.

CASE OF ACUTE RETINITIS, CAUSED BY THE USE OF THE MICROSCOPE.

[The following interesting case, which we find in the London Medical Gazette, was read by Wm. W. Cooper, Esq., Surgeon to the North London Ophthalmic Institution, before the Royal Medical and Chirurgical Society, on the 18th of June.]

Mr. G———, a gentleman well known for his remarkable skill in minute and microscopical dissection, was engaged, on Friday, the 29th of April last, in dissecting the nerves of the human tongue under a powerful microscope, and in a situation exposed to the full influence of the sun, which, although occasionally obscured, burst forth at times with great power.

The nerves, having been cleanly dissected, were of a dazzling white, and whilst he was intently regarding them through the microscope, the sun, which had previously been obscured, suddenly shone forth with all its brilliancy upon them.

Acute pain was instantly felt in the eye, pervading the whole globe, so severe as to cause Mr. G—— to start back and utter an exclamation. He paused from work, but for some time was not able to see anything with that eye, the spectrum of the sun continuing before it, whether closed or open. In about twenty minutes, however, this, as well as the pain, had sufficiently subsided to enable him to resume work with the other eye, but the injured organ was not free from uneasiness until the evening.

The following day the eye was not painful, and he incautiously used it to complete his dissection, when the very same occurrence took place as on the previous day, the reflected rays of the sun being thrown powerfully upon the retina. This time the shock was excessive: great and deeply-seated pain pervading the whole globe, with much intolerance of light, immediately set in, and the spectrum of the sun was most distressing. He remained in acute suffering all the evening and following night, and on the next day (Sunday) it continued to increase with a sensation of fulness and tenderness of the globe, and extreme intolerance of light. Fomentations failed to afford relief, and when he consulted Mr. Cooper on Monday morning, the following were the symptoms:—acute, deep-seated pain in the eye, exquisite tenderness especially at the upper half of the globe, great intolerance of light, profuse lachrymation, any attempt at vision produced luminous spectra, pupil concentrated, iris natural, conjunctiva but slightly injected, pulse feeble and irritable: he complained of weakness and mental depression.

He was sent to bed in a darkened room, and ordered to apply twelve leeches around the eye, to foment, and to take a purgative pill and dose. Mercury, he stated, always disagreed with him; and this, which is so important an auxiliary in such cases, was therefore obliged to be used with great caution.

The next day he was rather easier; friction of the brow and temple with mercurial ointment and opium was directed, pil. hydrarg. with conium ordered at night, with saline and antimony at intervals. The following day all the symptoms were alleviated. The antimony was omitted, but the mercurial directed to be continued.

On Thursday a still greater improvement was manifest, the eye being perfectly free from pain except when exposed to light.

There was, however, great debility and general exhaustion, and half a grain of quinine, twice a day, with a moderate meat diet, was ordered. The mercurial friction being continued.

This treatment, with counter-irritation behind the ear, and the use of a mild astringent collyrium, was steadily pursued for a week with advantage, although the least exertion of the eye immediately produced luminous spectra.

The further treatment of the case presented nothing remarkable. The eye gradually and steadily recovered, and is now perfectly well.

From the state of general debility in which the system was at the time of the attack, taken in connection with the constitutional antipathy to mercury, the free exhibition of that medicine was inadmissible, whereas the patient did perfectly well under its cautious use, the system being at the same time supported by a nutritious diet, and the careful exhibition of tonics.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 7, 1844.

Our Journal.—We this day enter upon the *thirty-first* volume of the Boston Medical and Surgical Journal. If this publication is not yet entitled to the appellation of venerable, the period is certainly approximating when it may with propriety receive it. In looking back upon its history, there is brought into vivid recollection the years of toil and solicitude which were inseparable from the commencement of a labor of this kind. And we cheerfully acknowledge our indebtedness to the profession over the whole country, for their untiring kindness, assistance and patronage, during these many years. Their communications have always been welcome, and while we have been the humble instruments for diffusing the knowledge which they and we have gathered, not only physicians as a body, but society in general, has been benefited.

Journals of medicine, like other enterprises, have greatly increased, as the natural result of the increased facilities and resources of a great and prosperous nation. Some, indeed, have only breathed to die ; and others, after having maintained for a while a sickly existence, were compelled to yield to the force of circumstances, and finally disappear. Ours is now the only one in the United States which is published weekly, having survived, unharmed, the rivalry of no less than three publications of the same class. It requires something more than a prospectus of operations, to maintain a medical journal. There is necessarily a fearful outlay of capital, quite discouraging at first ; and when there is taken into account the great number of losses annually occurring, very few, it is presumed, would be willing to enter anew upon the business, after having had experience in permanently establishing one. Unlike other periodicals, its subscribers are of necessity only here and there one out of hundreds and thousands, and then they are spread so widely over the entire face of the Union, that collections are always difficult. Still, under all the aspects of the case, we have passed on till the commencement of this *thirty-first volume.* We hope for the continued good will, and the literary and scientific assistance of our brethren. With their countenance, and our own continued exertions, the Journal will pursue its quiet way, without ostentation, or a presumptuous display unbecoming the legitimate object to which it is expressly devoted, or the character it has attained.

Some of the older subscribers to the Journal may have noticed that we have again reached the period when the close of a volume is one week earlier than it was in the first year of the work. In 1839, when the same circumstance occurred, an extra No. was published at the end of one of the volumes—making 53 Nos. published that year. This method would be adopted now, were it not for the great convenience which is found in having the volumes begin with the first of the month. About one third of our subscribers take the work in Monthly Parts; and as these Parts are published on the first of the month, it has heretofore occurred, at the commencement of a new volume, that the first Part comprised some of the preceding volume, making it inconvenient in commencing to send to new subscribers, and in discontinuing the work to old ones. This is obviated by the present arrangement; and we shall therefore hereafter, unless the plan is unsatisfactory to our readers, consider the first Wednesdays in August and February as the time for beginning new volumes—until we can, in some equitable manner, make a still further improvement by having our year correspond with the natural year.

The attention of a large number of subscribers, who are now in arrears, is requested to the bills which have been sent them during the last six months. Money can now be obtained so much more easily than at some former periods, the rate of discount is also so much less, and postmasters are so generally willing to frank subscriptions, that there seems little need for so many accounts to remain unsettled.

Baltimore College of Dental Surgeons.—The next course of lectures in this excellent institution commences in November next, and continues four months. The College was chartered about four years ago by the Legislature of Maryland, and has continued a useful and successful course of instruction since. The leading object in establishing it was "The elevation of the standard of the dental profession; of making scientific dentists, by educating young men thoroughly in all the different branches of dental knowledge, and thus sending them forth into the community fully qualified to do credit to themselves, to their profession, and by their practical skill and success, to their patients."

We trust that the coming course will be delivered to a larger class than ever before. Indeed this ought to be the case, as there is no other similar school in the country, and the advantages of attending the lectures cannot be doubted by any one.

Scharlach-Epidemie, &c.—Within a few weeks, we have been presented with the inaugural dissertation of Dr. Robert Wesselhoft, now of Boston, who received the degree of doctor in medicine, at Barel, on which occasion the dissertation before us was delivered. Its title runs thus—" Wahrnehmungen bei der Scharlach-Epidemie, in den Vereingten Staaten Von Nord Amerika in Sommer und Herbst 1842."

Dr. W. is one of the homœopathic practitioners of our city, with the names of whom the public is familiar, and bears an excellent reputation for candor, honorable dealings, and devotion to his patients; and this discourse bears ample testimony to his literary ability and research into the causes of disease. There is too much of it to republish, and the subject that gave rise to it would not have sufficient interest for general readers. On this account it is not thought worth while to make extracts.

Action for Medical Fees.—A physician, says the Law Reporter, *Veitch* v. *Russell*, 3 *G. and D.* 198, may recover on an express contract to remunerate him for his attendance. But as the ordinary understanding is that such attendance is given without any legal title to remuneration, subsequent promises to pay, are, in general, to be referred to the usual honorary claim of the physician, and will not amount to proof of an express contract, unless it is clear that the attendance was not given on the ordinary understanding. Where no special agreement has been made to remunerate the physician, he cannot recover expenses out of pocket in travelling to attend his patient, as money paid to the use of the latter for such expenses as are incidental to the attendance, is to be considered as money paid to the physician's own use in the ordinary service of his profession.

Mackintosh's Practice of Medicine.—A fourth edition of Mackintosh's Principles of Pathology and Practice of Medicine, from the latest London edition, with Notes and Additions by S. G. Morton, M.D., brought up to the present state of the science, will be published this month, by Lindsay & Blakiston, Philadelphia.

Philadelphia College of Pharmacy.—At a public commencement of the Philadelphia College of Pharmacy, held Thursday evening, April 25th, the degree of " *Graduate in Pharmacy* " was conferred upon the following gentleman, pupils of the Institution:—Daniel S. Jones, thesis Arum triphyllum; Jacob S. Smith, Aralia nudicaulis; Joshua S. Jones, Cimicifuga racemosa; Caverly Boyer, Asclepias tuberosa; Andrew McKim, Cypripedium pubescens; Edward Donelly, Phytolacca decandra; Silas Hough Wentz, Erigeron philadelphicum; Alfred B. Taylor, The Air Pump; Thomas S. Wiegand, Aristolochia reticulata; Thomas Estlack, Jr., Spigelia marilandica; Robert Coulton Davis, Cantharis vesicatoria; George H. Mitchell, Podophyllum peltatum; Robert C. Brodie, Copaiba.

After which, an address was delivered by Professor Bridges.—*Amer. Jour. of Pharmacy.*

Abscess of the Heart.—M. Gintrac has published in the Journal de Medecine de Bourdeaux, the case of an old man, long subject to palpitation, with dyspnœa, etc., and who was under his care for a few days. His respiration was short and uneasy, there was orthopnœa, cough, and bloody expectoration. The heart's action was strong and irregular, and heard over a large surface:—no bruit could be distinguished. On dissection, from twelve to fifteen pounds of a thick reddish and yellow fluid, consisting of pus and bloody serum, were found in the pericardium, and there were distinct layers of pus on the anterior surface of the heart, especially on the left side, where a small ovoid opening was found in its substance. The lower part of the left ventricle was separated from the rest by a thick unorganized septum, and contained a thick purulent fluid, the color of the lees of wine. The muscular fibres in this part were pale and softened, and soaked in pus, which seemed to have passed between them from a fistulous opening in the anterior wall near the septum, communicating with that at the surface of the heart.—*London Medical Times.*

Arsenic in Ascites.—Dr. De Cavay gave arsenic in the dose of one twentieth of a grain twice a day, in a case of ascites following peritonitis, without any organic complication. The disease was of fifteen months standing. At the end of six weeks the abdomen was less tense, and sensibly diminished in volume: the urine was at the same time increased in quantity. Uniform compression of the abdomen was then also employed, and at the end of six months there was scarcely any fluid remaining in the peritoneal cavity. The case is reported in the Gazette Medicale.—*Ibid.*

On the Use of Mustard in the Convulsions of Children. By CHARLES S. TRIPLER, M.D., Surgeon U. S. Army.—I had an obstinate case last summer, from teething, in which everything was tried, that I, or others, could think of, without success. As neither antimony, sulphate of zinc, sulphate of copper, ipecacuanha, nor any other emetic usually given, seemed to make any impression on the stomach, I thought I would try mustard, with a view to its emetic effects. In a few minutes it arrested a fearful attack of convulsions, that had lasted five hours; and that, too, *without vomiting* the patient, for some time afterward.

A short time since I had three more cases in the course of a fortnight; with the first I tried the usual remedies, and I also made an ineffectual attempt at venesection (leeches could not be procured). The case still resisted, when the use of the mustard again occurred to me. I gave it, and the patient was relieved in five minutes. With the other cases I used the mustard *at once*, and successfully. Its efficacy seems to have no relation to its emetic properties; for its sensible effect, in these cases, is as frequently to purge as to vomit. From my experience of the remedy, I do not hesitate to recommend its employment in these troublesome cases, in preference to any other internal remedy with which I am acquainted. —*New York Journal of Medicine.*

Cicatrices on the Surface of the Lungs in Connection with the Curability of Phthisis.—M. Beau is inclined to adopt M. Laennec's opinion respecting the spots of induration not unfrequently met with on the pulmonic surface, and to regard them as produced by the healing or cicatrization of small tuberculous deposits. He comes to this conclusion—First, because he deems it very unlikely that these indurations are produced either by apoplectic ecchymosis, purulent formation, or circumscribed infiltration of the pulmonic substance; and, secondly, because out of one hundred and seventy-six non-phthisical aged women, in whose cases he had made a *post-mortem* examination, he found cicatrices on the upper lobes of the lungs in no fewer than one hundred and seventy-three cases.—*Medico-Chirurgical Review.*

Medical Miscellany.—The editor of the London Lancet has given official notice, through his solicitors, to the editor of the London Times, that if abridgements of articles from the Lancet are continued to be inserted in the Times, a bill in Chancery will be filed against him, to obtain an injunction to prevent a repetition of such "piracy," and to compel an account of the sale of numbers containing such "pirated" matter. The offence particularly alluded to, is an analysis of a certain article on the urine, which occupied ten pages in the Lancet, and was comprised in one in the Times, with a notice from whence it was taken. Previous disputes between these gentlemen are probably the cause of this extraordinary proceeding.—Our attention has been called to a newspaper advertisement by a physician in a neighboring city, comprising an extract from certain editorial remarks in this Journal. Respecting the propriety of such an advertisement, we presume there will be differences of opinion, though we think it will be pretty sure to draw upon our friend the censure of some of his respectable medical brethren—and on this account, if no other, it would be the part of prudence to refrain from thus using the remarks in question, which were written with no reference to such a use of them.—A private letter from Auburn, July 25th, says—Out of nine hundred convicts now in the State Prison, seven hundred were sick with cholera morbus—on Wednesday last only one hundred days work was performed by all the inmates.

Books Received.—A Practical Treatise on Midwifery, by F. J. Moreau. Translated from the French by Thomas Forrest Betton, M.D., and edited by Paul B. Goddard, A.M., M.D. With eighty plates. Philadelphia: Carey & Hart.—A Manual of Examinations upon Anatomy, Physiology, Surgery, &c., by J. J. Ludlowe, M.D. Philadelphia: from Barrington & Haswell.—An Inquiry into the Distinctive Characteristics of the Aboriginal Race of America, by Samuel George Morton, M.D., Philadelphia.—Dunglison on Human Health, New Edition.—Cyclopædia of Practical Medicine, Part 9.

To Correspondents.—Dr. Hazeltine's medical cases, and Dr. Smilie on the treatment of piles, have been received.

Married,—At Albany, Dr. Charles A. Phelps, of Boston, to Miss Phœbe Harris, of Albany.—At Calcutta, D. J. Macgowan, M.D., of the American Baptist Mission in China, to Miss Mary Ann Osborne, of London.

Number of deaths in Boston for the week ending Aug. 3, 44.—Males, 26; Females, 18. Stillborn, 6.

Of consumption, 5—inflammation of the bowels, 1—scarlet fever, 7—cholera infantum, 7—typhus fever, 2—infantile, 3—teething, 2—drowned, 1—suicide, 1—lung fever, 1—inflammation of the lungs, 1—bowel complaint, 1—lockjaw, 1—disease of the kidneys, 1—old age, 2—child-bed, 1—worm fever, 1—palpitation of the heart, 1—apoplexy, 1—dropsy in the brain, 1—debility, 1—complication of diseases, 1—inflammation of stomach, 1.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 60 years, 15—over 60 years, 5.

Section of the Eighth Pair.—M. Bernard has instituted some new experiments upon this interesting physiological question. Having previously established a fistulous opening into the stomach in the subjects of his experiments, he could observe with great advantage all that happened on the division of these nerves. His conclusions are—1st, that the division of the pneumogastric nerves is followed by the extinction of all sensation and motion in the stomach ; and more than this, by a complete arrest of the secretion of gastric juice. 2dly, by an entire suspension of the digestive function ; pieces of meat put into the stomachs of dogs whose pneumogastrics had been divided were found twenty-four hours afterwards totally unchanged. 3dly, in the absence of the gastric juice, spontaneous changes take place in the food in the stomach.—*Comptes Rendus, Academie des Sciences.*

Obituary.—M. Geoffroy St. Hilaire, Member of the Academy of Sciences, of the Academy of Medicine, and of the Egyptian Institute, Professor at the Faculty of Sciences, &c., departed this life on the 19th June, aged 72. The obsequies took place on the 22d at St. Medard ; the pall bearers were Baron Ch. Dupin, representing the Institute ; Professor Dumas, the Academy of Sciences ; Dr. Ferrus, the Academy of Medicine ; and M. Chevreul, the Professor of the Museum. Among the persons present, were a great many members of the institute, Messrs. Arago, Elie de Beaumont, Ballanche, Couchy, David (d' Angers), Flourens, Victor Hugo, Jomard, Poncelet, &c. ; the Professors at the Garden of Plants ; a deputation of the *Ecole Normale*, and numerous other distinguished *savans*, foreign or national. Arrived at the cemetery of *Pere la Chaise*, the workmen, attached to the garden, unharnessed the hearse, and carried on their shoulders the remains of one they loved to his last abode. Speeches were then made by Messrs. Chevreul, Dumeril, Dumas, Serres, Pariset, Quinet, and Lakanat. The latter, in an appropriate and eloquent speech, recapitulated the qualities of the deceased, and recalled the fact that 50 years ago he had contributed to nominate Geoffroy, Professor at the Museum.—*London Medical Times.*

Aqueous Infusion of Galls as a Test.—This is best prepared, according to M. Pettenkofer, by infusing one part of pounded galls in three to four parts of water, allowing it to stand for several hours, straining, submitting the residue to pressure, adding to the turbid liquid two parts common salt, and separating by filtration the glutinous precipitate which is produced. This liquid retains its transparency and power of precipitating gelatine for years.—Buchn, *Repert.*, *Chem. Gaz.*

Gum Arabic.—Pallme mentions gum arabic as one of the products of Kordofan, and says, " The gum tree (Mimosa nilotica, as it is named in books) merits a different name in Kordofan, for the shape of the tree, the form of its leaves, and even its spines, differ from those of the Mimosa nilotica, which yields, however, only ordinary gum, whereas that obtained in Kordofan is of the finest quality, so that it is erroneously termed gum arabic.—*Pallme's Travels in Kordofan.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXXI. Wednesday, August 14, 1844. No. 2.

PENETRATING WOUNDS OF THE ABDOMEN, WITH PROTRUSION AND INJURY OF THE INTESTINES.

[The following remarks on the treatment of these injuries, which are always serious and too often fatal, are from the late work of Professor Gross, of Louisville, Ky.]

Penetrating wounds of the abdomen, attended with lesion of the intestinal tube, constitute a class of injuries of a much more serious character than such as are accompanied merely by prolapse. The symptoms are generally more severe, there is more danger of peritoneal inflammation, and the treatment, especially when the opening is extensive, is altogether different; or, to speak more intelligibly, two wounds, involving different structures, exist, and consequently require different modes of management.

When the inner wound is large the treatment to be employed is sufficiently obvious, for no well-educated surgeon would hesitate to resort at once to the suture, or to some other expedient calculated to prevent fæcal effusion. It is only where the opening is small, that doubts seem to be entertained respecting the proper course to be pursued.

Heister, who was confessedly one of the ablest anatomists and surgeons of his day, expressly states that all wounds of the intestines not exceeding the diameter of a goose-quill should be returned without stitching, which he asserts to be generally productive of severe pain, inflammation, and other bad symptoms. Dionis says if the opening is very small, as, for example, when it is made by a bodkin or pen-knife, it is not necessary to sew it up; nature, seconded by a rigid diet, being fully competent to effect a cure. To the same import very much is the testimony of Palfin, and of Sabatier. The former of these authors observes that whenever the opening is diminutive it is not necessary to sew it up, but simply to return the part, and to restrict the patient to the smallest possible allowance of food, barely sufficient to prevent starvation. "If the wound," says Sabatier, "is very slight, as when only a few muscular fibres are involved, it is needless to resort to the suture, since a cure may be accomplished without it." Sharp, in his Operations of Surgery, uses very nearly the same language. The opinion of Jobert, whose writings have been already several times quoted, is, that the wounded intestine may be safely returned, provided the opening does not exceed three lines. Where it is more extensive, as, for instance, half an inch, although reparation might possibly take place through the intervention of the epiploon, still there would be great danger of fæcal effusion, and hence he very justly concludes that it would be much better to sew it up.

Richerand, also a modern writer, recommends a very different practice when the wound is very small, or does not exceed two or three lines. His plan is to pass a loop of waxed thread through the mesentery, and to keep the inner wound as nearly as possible in apposition with the outer. The object is to afford a ready outlet to the fæcal matter, by the artificial anus which is thus established. This method, to which I shall hereafter recur, is not new with Richerand, but originated long ago with La Peyronie, an old French surgeon. Boyer remarks, that when the wound is more than four lines in extent enteroraphy becomes indispensable.

In a preceding part of this essay several experiments are related which have a direct bearing upon this subject. The particulars, however, it is not necessary to repeat in this place. It will be sufficient to say that in the three experiments in which the wound did not exceed four lines, or the third of an inch, the animals promptly recovered, while in the remainder, five in number, and in which the opening was of greater extent, they all died of fæcal effusion. So far, then, as these researches go, they tend to confirm the opinion of Heister, Sharp, Garangeot, and others, that a protruded bowel, in which there is only a very small wound, may be safely returned into the abdomen, without any apprehension of the escape of alvine matter. But would the surgeon be really justified in pursuing such a practice? I unhesitatingly aver that he would not, for the reason that, although this course may, in the generality of cases, be attended with success, yet it is liable to occasional failure, and should therefore be discountenanced. The introduction of a suture, which is all that can be needed in a small wound, will assuredly add little either to the present suffering of the patient or to the danger of peritoneal inflammation; the operation is neither painful nor tedious, and, what is of far more consequence, always, when well performed, protects the individual from fæcal effusion. In several of my experiments death was produced, not from any undue injury inflicted upon the bowel from stitching or any rough manipulation, but from the interval between the sutures being so great as to prevent the perfect closure of the wound; a fact which should never be lost sight of in the management of a lesion of this kind. Whenever the contact is incomplete, the mucous membrane becomes everted, and interferes with the adhesive process. The more accurately this is obviated the less risk will there be of the escape of fæculent and other matter, calculated to induce fatal peritonitis. I do not care, therefore, how small the wound may be, if it is only a line and a half, or two lines in extent, it should by all means be sewed up. In this practice alone can there be perfect security for the patient. The villous membrane may, it is true, effect a temporary closure of the wound, but there is always danger that before adhesion can take place, the part will become so much relaxed as to lead to mischief.

In closing this branch of the present inquiry I cannot omit quoting the sentiments of an old and distinguished surgeon, whose works, highly popular in their day, have been too much neglected by modern practitioners. I allude to Mr. Benjamin Bell. "However small," says he, "a wound of the intestine may be, it ought always to be secured with a ligature; for although it is alleged by some that we should rather trust to nature for the cure of a small opening than to insert a ligature, to me it appears that the opinion is by no means well founded; insomuch that I would not leave even the smallest opening that could admit either fæces or chyle to pass, without stitching it up. Much danger may ensue from omitting it; and the hazard of the patient cannot be increased by the practice being adopted."

Coincident with this opinion of Mr. Bell is that of Mr. Lawrence, of London, whose views upon the subject are entitled to great weight, from the unusual opportunities which he has enjoyed for treating strangulated hernia. Adverting to the practice recommended by Jobert, and referred to in a previous paragraph, of replacing the bowel without suture, when the wound does not exceed three lines, he affirms that such a procedure would not only be hazardous, but unwarrantable in the present state of the science. "In case of such an opening in the intestine," says he, "I should employ suture; not considering it safe to return the bowel into the abdomen without this precaution."

SOME DISEASES OF THE BREAST.

From Sir B. C. Brodie's Clinical Lectures at St. George's Hospital.

In the present lecture, I shall make some observations on the diseases of the breast, no very clear description having been given of them, although of common occurrence. The disease to which I shall particularly refer to-day is one of considerable interest; especially so, because it is quite different from carcinoma, with which it has been frequently confounded. It is not met with in hospital practice, but very often shows itself in private life, and unless I had had the advantage of seeing a large number of private patients, I should not have been able to make out its symptoms and history, as I believe I now can. You will, perhaps, be consulted by a female who has a hard tumor formed in the breast, about the size of a walnut, and moveable; it contains fluid, and you puncture it with a grooved needle, and serum escapes. If the opening be large enough the whole escapes, and nothing remains but the bag or cyst in which it was contained. This fluid varies in color, being sometimes yellow or straw colored, sometimes greenish, and at other times of a dark brown. I call it serum because it entirely coagulates by heat, or by the addition of nitric acid; it is, therefore, doubtless serum, with some coloring matter. Sometimes you will find only one of these tumors, whilst at other times there will be several. When this is the case there is generally one large one, and several very small ones; but sometimes the whole breast is filled with them; they frequently occur as large as marbles, but I have seen them as big as an orange. When punctured in the early stage of the disease, there will be no perceptible remains of the tumor afterwards, which proves the cyst to be very thin. It occurs chiefly in single women, or those who have borne no children, but there are exceptions to this rule. It is attended with no pain, except the nervous pain caused by anxiety, and by the attention being constantly directed to the part; it does not affect the axillary glands, and the disease may remain unaltered for several years. Very frequently these tumors form without the patient being conscious of their presence, till accidentally she feels her breast, and finds something like a marble there. In one case of this kind, Mr. Johnson and myself examined the parts carefully, and found several glandular cysts containing nothing but serum. I have said the serum came from cysts, but my belief is that they are only enlargements of the lactiferous tubes; my reasons for coming to this conclusion are these: persons affected by this disease not unfrequently have a discharge of serum from the nipples; and if you press them, you may squeeze out the whole of the serum, so that nothing apparently remains. In one case of this kind, which ultimately I removed by operation, I passed a bristle down one of the tubes, and it went directly into one of the cysts. What I have now described may be looked upon as the first stage of the disease. But although during the early stages of the disease, these cysts contain nothing but fluid serum, if they are allowed to go on, solid matter will be formed in them, and so long as they are neglected this solidity will continue to increase. Where there are several cysts of this kind, you will occasionally find the whole of the breast become solid, excepting a few small portions which appear to remain unaffected.

A question very naturally arises here, as to what change in the part is this alteration of structure to be attributed? A lady consulted me who had one of these tumors in her breast, about the size of a walnut; I punctured it with a needle first, and finding it contained serum, I laid it open with a lancet; a large quantity of fluid escaped. I then dressed it with lint to the bottom, meaning to bring on inflammation; a good deal of suppuration followed, and the wound was two months before it healed, and then the disease was apparently quite eradicated. About a year after this, the patient came to me again, and I found, where I had opened the cyst, a fungous tumor as large as the cyst I had previously opened. I recommended her to have the breast amputated; the operation was performed, and we found it to be entirely made up of cysts containing fluid matter, and one of a large size, as represented in the drawing on the table. From the inner surface of this cyst there projected a solid tumor, which appeared to be made up of numerous folds, giving it a plicated appearance, covered by membranes continuous with that lining the cyst; and when cut into, it looked like very slightly organized fibrine. You have had recently an opportunity of seeing, in the Hospital, a case of this kind: I allude to the woman whose breast was amputated, a short time since, by Mr. Keate. When she first came to the Hospital, there was a small tumor about the size of a walnut; it was punctured by Mr. Cutler, and found to contain serum; but within a fortnight it regained its former size. She was then admitted as an in-patient under Mr. Keate, who again punctured it, and let out a dark-colored fluid. On the 21st of December, it was found not only to have filled again, but to have considerably increased in size; it was then laid open with a lancet, and a very large quantity of matter escaped; but in a few days there was found, projecting from its inner surface, a large fibrous excrescence, partly filling up the cavity of the cyst. It was, therefore, deemed advisable to remove the whole of the breast, which, as you are aware, was done early in January. This is the tumor which was then removed (showing the preparation); some of the excrescences are pendulous from narrow necks; others have broad bases; some look like recently effused albumine; others, like slightly organized fibrine; some are like fatty tumors; and, occasionally, they put on the appearance of *medullary* disease; not that I think they are of this nature, because many other tumors present a similar aspect. Very many years ago, I had the opportunity of witnessing a similar operation performed by Mr. Freeman, of Spring Gardens; and in my written notes of this case, I find I described it as looking like slightly organized fibrine. In this instance, the tumor occupied one third of the cavity of the cyst. But this is not the only situation in which these solid masses are formed; you will sometimes find them outside the cyst, and these will increase in size, till all appear to be united in one solid mass; but if you carefully examine them in this state, you will find them outside, and perfectly distinct from the inner surface of the cyst. Here is another tumor which I removed from a private patient; it is of a similar character, and the breast, in this instance, weighed between seven and eight pounds. On cutting into it, a cavity was found, holding a large quantity of serum; here are, also, other preparations on the table, of a similar character. I said, in this particular instance, the breast weighed upwards of seven pounds, and I have seen other cases where they have attained a similar magnitude. The skin does not always ulcerate in these cases; but, occasionally, it is so distended that it bursts; a large quantity of fluid matter will be discharged, and an ulcer of an unhealthy character will be left, which, if not speedily removed, will wear out the constitution, and destroy the life of the patient. This disease has been much confounded with carcinoma. Some years ago a very celebrated pathologist showed me a case of this kind, and his opinion was that it was carcinoma; and I believe that in many cases of this kind, where amputation was performed for cancer, it has been nothing more than this disease, and not in any way of a malignant character. It is true a patient may be destroyed by these tumors; but this is no reason why it should be malignant. It is a local affection, and does not spring from any evil of constitution; and when the part is amputated, the disease never returns. The private patient, from whom I took the preparation on the table, lived many years after the operation, and had no return of the disease. Another lady, from whom I removed a similar tumor six years ago, is now alive and well. Sir E. Home thought the disease was malignant, and always advised amputation; and I recollect that a patient, on whom he operated, I saw twenty years afterwards, and she was perfectly well. I am therefore justified in saying the disease is not malignant.

In the early stage of the disease it may sometimes be cured without operation, as in the following case:—A lady came to me some twenty years ago, with a tumor of this description, and as I did not understand the disease so well then as I do now, I advised her to have it removed. She consented, and the day was fixed for the operation; but as something occurred which prevented its being done then, I said we would try an experiment, and ordered her a stimulating embrocation, and, in a short time, it had entirely disappeared. The same thing happened a second time, and in neither case was there any return. From the good effect which followed its application in these two cases, I was led to try it in several others, and it has repeatedly been of great service. Mr. Cutler tried it with the woman now in the Hospital, and I suspect its failure is to be attributed to its not being applied properly, or for a sufficient length of time. I dare say I have entirely succeeded in ten or twelve instances. The best application for the purpose is, I think, the following:—R. Spiritus vini rect., sp. camphoræ, āā ℥ iijss. ; liq. plumbi subacet. ℥ j. M.

I believe this form was originally employed by Mr. Pott for other purposes; but, as these proportions seem to answer very well, I have never altered them. Flannel is to be soaked in this, and applied over the whole of the part, taking care to wet it with the embrocation seven or eight times in the course of the twenty-four hours. At first, it merely deposits the oxide of lead on the skin; but in a short time the part becomes tender, and if its application be persevered in, the part will become excessively tender and blistered; the patient should then leave it off a few days, and resume it as soon as the parts have a little recovered. In this way it must be persevered in for several weeks, or even months; but, generally, if it is serviceable, it will be evident when it has been applied six weeks or two months, but it must be persevered with; when the skin has been once stimulated to any extent, it is easily acted upon a second time, so that perhaps the patient will not be able to bear it more than two days in succession. In some cases I tried blistering, keeping the surface open with savine ointment for a fortnight, and then healing it; repeating this for several successive times, and I think this answered best, but it is more troublesome. I have also employed a strong solution of iodine, but it did not answer so well as the embrocation. When using the embrocation, I have sometimes punctured these tumors, and perhaps this may have assisted in their removal; but my own opinion is, that it did not. When I have examined these tumors, after puncturing them, I have found something like a little kernel, which, I suppose, is the collapsed cyst. If the disease is in an advanced state, stimulants will do no good. Nothing then has any power over it, so that its removal by operation becomes indispensable. This disease, as I have said before, is not cancerous; but still it should be removed; because, if allowed to remain, the local irritation will destroy the life of the patient; and, if removed, it will not return. If you operate at all, you must remove the whole of the breast, for it is no use taking away small portions. It is better to perform the operation while the tumor is small; nevertheless, you are not to be deterred by its magnitude, because it is not in this disease as in carcinoma: there is, in fact, no danger; and I have seen a great many cases where the operation has been performed, and the disease has never returned. There is one observation, in particular, which you must not forget, viz., that in amputating the breast, great care should be taken to remove it entirely; it is very possible to leave small portions remaining—I am sure I have done it myself—and although no particular harm results from it, still it may render a second operation necessary. In a patient operated on by Sir E. Home, there occurred small cysts about four years afterwards; these I believe to have been left in the operation, being at that time imperfectly formed, and very small. The preparations on the table will illustrate many of the points on which I have been speaking; and a knowledge of this disease will be of great advantage to you, as it will enable you to distinguish a not very uncommon form of mammary disease from scirrhus, and sometimes to quiet the fears of your patient, without resorting to an operation.—*London Medical Times.*

TIC DOULOUREUX FROM DYSPEPSIA.

[A VOLUME "On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders," by Dr. H. Hunt, of London, has lately been published in that city, an analysis of which is contained in the last No. of the British and Foreign Medical Review. From the latter we copy Dr. H.'s account of one species of Tic Douloureux.]

The neuralgic habit of body may be the effect of previous disease. In investigating the history of cases of tic, Dr. Hunt has found that the disorders which have preceded the pain, and which may be regarded as its cause, are such as debilitate the body, either suddenly or by slowly undermining its powers. Of the former, influenza, as Dr. Holland pointed out, was a frequent cause. Of the latter, disorders of the digestive organs, of an atonic or nervous character, rather than of an inflammatory, are the most common. Indeed, however various the causes, the stomach is usually the first organ that suffers, although the patient may be unaware of it, and expect that he is quite well, excepting the pain in his face: a remark of Dr. Hunt's which is applicable to many diseases.

Two cases are detailed of tic arising from the simplest form of stomach disorder.

A middle-aged dean, a generous liver, finding himself growing stout, adopted a spare diet, with excessive walking exercise, which brought on general debility, indigestion with acidity, and, in a few weeks, constant pain in the cheek, aggravated in paroxysms. An emetic, followed by a warm purgative, and a course of liq. arsenicalis, combined with a sedative, relieved him.

The second case was that of a strong, athletic man, of forty, whose diet for many years had been a beefsteak for breakfast, with coffee, a full allowance of meat with two-thirds of a bottle of port for dinner, and the remaining third, with meat, for supper. He had intense neuralgia of the left cheek, the paroxysms returning at all hours both of the day and night. Tongue foul, appetite good, but uneasy feelings owing to digestion. An emetic relieved the pain at once. It was followed by warm aperients, and a more rational diet, and he was soon cured.—The rapid amendment in both these cases Dr. Hunt judiciously attributes to the simplicity of the cause. But such simple cases are rare. For many years he has made it a regular practice in these cases to begin with an emetic: much glairy and tenacious mucus is evacuated, which, he has not the slightest doubt, facilitates the action of the medicines, especially of arsenic. If the paroxysm is regularly intermittent, the emetic should be given an hour before the fit; and after the emetic, a warm aperient draught, of twenty grains of rhubarb and sulphate of potash, with thirty drops of sal volatile, in some aromatic water. After this, a course of arsenic, combining it with a sedative, or with a few grains of the bicarbonate of potash if there is an acid stomach, he finds the best remedy: beginning with four minims three times every day, with double the quantity of compound tinct. of camphor, and gradually increasing the dose of liq. arsenicalis, until there is some decided symptom of its action, which is commonly evinced when the dose has amounted to ten. When the pain has considerably decreased, he discontinues the medicine for a few days, and recommences with the original small doses, and finds it rarely necessary to increase them, but continues them for several weeks, if not months, after the pain is removed; for patients should be strictly cautioned against the error of thinking themselves cured as soon as the pain is relieved. They must persist in the medicine and diet until the tone of their stomach is quite restored, or the pain will return. The susceptibility of the stomach towards this remedy is various. In some cases it must be given on a full stomach. If the pain at any time increases, the aperient should be repeated, and the quantity of arsenic increased. During the whole treatment an occasional aperient is useful. When the pain is relieved and the stomach improved, the substitution of a grain of quinine, three times a day, is useful, although it would have disagreed at first. Large doses of iron, quinine, bark, &c. are injurious in these cases. The arsenic may disagree *immediately*, producing an indescribable sensation of distress in the stomach, dryness of the fauces, white tongue, and other symptoms of gastritis. It should be at once discontinued; and as this morbid sensibility is probably accompanied with slight inflammation of the mucous membrane, a rigidly farinaceous diet, in small quantities and lukewarm, should be ordered; with small doses of nitrate of potash, combined with two or three minims of Scheele's prussic acid, three or four times a day, and three or four grains of James's powder, at bedtime. If aperients are needed, a common lavement, a little castor-oil, or two or three ounces of Pulna water; a sinapism to the stomach, or rubefacient liniment, and an occasional blister. After a few weeks of this treatment, arsenic may be borne, and at first should be given with or just after meals; and if it again disagrees it should be abandoned altogether. It is more beneficial to do little than much in such cases; by being content with a proper diet, and by avoiding anything that can possibly irritate the over-sensitive nerves. The attention to diet in all cases of neuralgia from dyspepsia is most important; and Dr. Hunt gives the result of his experience.

In cases of extreme sensitiveness of the stomach, the mildest food is sometimes necessary. Such patients should live entirely on farinaceous food, until the nerves of the stomach become less sensitive; which is known by the tongue becoming cleaner, and the general feelings (better known to the patient than described,) returning to those of health. When the stomach has been thus improved, some animal food should be added, beef-tea, a chicken prepared thus: "a chicken is to be wrapt in muslin, and stewed for twelve or fourteen hours, with half an ounce of vermicelli and a few whole peppercorns, until the whole has become a jelly; some of this, diluted, if necessary, with a little toast, forms a very nutritious and easily-digested meal." As the appetite improves, a slice of chicken or game, with stale bread or toast, &c. In such weak stomachs every kind of food has a tendency to become acid, which is in some measure prevented by some slight stimulus with or after meals; a little weak brandy and water, or a teaspoonful of sal volatile in a glass of water, or a cup of coffee.

For those less sensitive, or whose morbid sensibility has been quieted, a plain nutritious diet, of animal food (chicken, game, mutton and venison are the best kinds), with stale bread or toast, and with a few well-boiled vegetables, *if they can be taken with impunity*; and there is seldom any objection to plain puddings of rice, bread and tapioca. All fish, pastry, rich puddings, fruit, new vegetables, pickles, cheese, and various sauces, must be strictly forbidden.

Errors in quantity may be prevented by two rules; first, to live simply and to avoid a variety of dishes; and, 2d, to eat slowly, that the first indications that sufficient food has been taken may be felt and obeyed.

Water is the best drink. Some, especially those who have indulged in wine, require the stimulus of a moderate quantity in order to digest at all. But the smallest quantity for this purpose should be taken, and as strength is gained, this allowance should be gradually diminished and discontinued altogether. A little brandy and water or a glass or two of good sherry or sound port are the best. For breakfast, bread or toast, weak *café au lait*, or scalded milk, prepared by placing the can of milk on a stove moderately heated, until all the cream has risen to the surface, which is to be removed when cold. This is easily digested. Those who can digest bacon may eat it. It should be toasted after being boiled. Other hygienic rules should be followed.

As good rules for the treatment of atonic dyspepsia are useful in so many chronic diseases, and disorders of the general health with which it is associated, we need not apologize for quoting so largely; for on its right treatment much of the success of a physician depends. The chief point on which we are disposed to differ with Dr. Hunt is in the use of vegetables and of farinaceous puddings, in addition to meat. Except in those comparatively few cases where the mucous membrane is so sensitive that it will not bear meat at all, we find that on the whole it is better to limit our patients to a dinner of meat, stale bread or biscuit, and rice. Vegetables, especially potatoes, are often injurious; and a patient who likes them is not the best judge if he is the exception; and if farinaceous puddings are allowed in addition to meat, there is danger of error in quantity. The difficulty, we well know, in limiting the diet, is to get our directions attended to.

CASES OF POISONING.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Should you think the following cases of sufficient interest to warrant their insertion in the Journal, they are at your service.

Case I.—I was called about 3 o'clock, P. M., June 30th, 1843, to visit T. A. E., a lad 14 years old, who had swallowed, an hour before, a draught of bichloride of tin, which had been prepared for dyeing. Found him in great pain at stomach, and he had vomited a quantity of thick, slimy mucus, of a dark-green appearance. His mouth and fauces were wonderfully corrugated by the acid; he could scarcely swallow, and his mouth felt hard and leathery. Ordered him a pint of warm water, which he drank with much difficulty. A drachm of ipecac. was then administered, which operated freely, bringing up large quantities of dark-green slime. A cold clammy sweat broke out, his pulse become indistinct and fluttering, and a fatal collapse seemed approaching. Ordered the surface to be enveloped in the leaves of the horse-radish macerated in vinegar, which restored reaction. The pain and reaction became so severe at 10, P. M., that Dr. L. Hazeltine was induced to bleed him freely. He drank milk and water constantly, and as fast as he could swallow it, during the night, which caused him to vomit a number of times a substance less and less green.

July 1st.—Found him still exercised with severe pain, and complaining of great soreness of stomach and bowels. Repet. venesect. Emp. epispas. epigastrio. Continue the milk and water; adding, in the afternoon, ol. ricini, q. s.

2d, 9, A. M.—Pain and soreness of stomach and bowels very distressing, and the swelling of the mouth and fauces render swallowing almost impracticable. Repet. venesect. Contin. remedia.

6, P. M.—His bowels have moved freely, and he is more quiet. Omit ol. ricini. R. Milk and water, ℥ xvj.; tinct. opii, gr. xl. in nocte sumendus.

3d.—Improved. Pain and soreness of bowels less; tumefaction of mouth and fauces subsiding.

From this time he continued to recover, under the use of milk and water, which he used about two weeks, when he cautiously commenced the use of light farinaceous diet. In a month he recovered his usual health and spirits.

II.—March 22d, 1844. Was called in great haste to see Irene R——. On visiting her, I found she had swallowed a large quantity of arsenic. The paper it was put up in, labelled *poison*, was found, and likewise the vessel in which she had mixed it, with some of the arsenic still adhering. As near as could be ascertained, she had taken it more than an hour before, or about 5 o'clock, P. M. She appeared very much agitated, complained of pain in stomach and bowels, and had not vomited. Caused her immediately to swallow a large bowlful of milk, with sufficient hot water to warm it, to which was added sulph. zinci gr. xv. and ipecac. ʒ j., which operated promptly and effectually. Continued the milk until her stomach was thoroughly cleared. She used considerably more than a gallon of milk, which when returned by vomiting she said tasted sweet. At 10, P. M., the milk and vomiting having effected all they could, and not having any of the ferrum oxidatum hyd., ordered ferri carb. precip. gr. xx., bis in hora.

23d, 8 o'clock, A. M.—She vomited most of the powders, after having retained them for some time, and had two copious and very fœtid evacuations from the bowels, after which she became easy and slept three hours. Complained of little pain, but great soreness of abdomen, with some tenseness. Pulse hard. Venesect. ℥ xvj. Gum-water diet.

6, P. M.—Occasionally severe pain of bowels; soreness and tension same as in the morning; pulse still hard. Repet. venesect. ℥ xvi. Haust. magnes. sulph. Applic. cataplas. sinapis abdomini.

24th.—Improved. Cathartic operated freely last night. Omit medicine. Continue mucilage.

25th.—Still improving. Continue gum water so long as soreness of bowels remains.

There remained for some time a disposition to colic, which would leave the bowels sore for a while. She is now well.

III.—Mrs. C. was confined on the 11th of June last. Eight days after, a friend gave her half an ounce or more of oxalic acid for Epsom salts. Although it was remarked with astonishment, while the dose was preparing, that the "salts" did not readily dissolve, yet the mistake was not discovered until the whole portion had been swallowed. Dr. L. Hazeltine and myself were immediately sent for. We were with her at 9 o'clock, P. M., ten or fifteen minutes after the poison had been taken. A large tablespoonful of ipecac. was immediately administered, followed by copious draughts of warm water. Full emesis was speedily induced, by which a large portion of the acid was removed from the stomach. As soon as the vomiting ceased, we gave her an ounce of sup. carb. sodæ, dissolved in a quart of water. The soda was given during the next twenty minutes in divided doses, producing a considerable eructation of gas, followed by repeated vomiting. From 10 o'clock until half past 11, large and repeated draughts of water, containing soda in solution, were administered, producing an almost constant eructation of gas, but no disposition to emesis. Mrs. C. is now, and has been since the acid was taken, perfectly free from pain. To evacuate the stomach, another enormous dose of ipecac. was now given, with desired effect. A weak solution of soda was then ordered, so long as gas should be evolved from the stomach. The solution was discontinued at 2 o'clock, A. M.: our patient then fell asleep, and rested quietly until a late hour in the morning.

20th.—Mrs. C. is cheerful; complains of neither pain nor exhaustion, and says that she is well. There is, however, considerable soreness of the mouth and posterior nares, puffiness of the lips, and an anomalous efflorescence on a great portion of the body. Her bowels have moved freely. No medicine; gum-water diet. The child to be sent away to nurse.

21st.—Puffiness of the face and the efflorescence have nearly disappeared. No movement of the bowels. Ol. ricini, ℥ j. Milk and water diet.

22d.—Free movement of the bowels last night. Allow a little boiled rice, and a gradual return to usual diet.

July 10th.—Has had, for several days past, sore mouth resembling cancrum oris, attended by considerable ptyalism, but no fetor of breath. Otherwise she is in perfect health. Yours, &c. G. W. HAZELTINE.

Jamestown, N. Y., July 15th, 1844.

TREATMENT OF PILES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having met with unusual success in the treatment of piles, as they exist under the vascular and spongy forms, by the use of nitric acid, as recommended by Dr. Houston, of Dublin, with the following modifications, I would propose its trial to the profession, under the conviction that it will prove successful in a majority of cases, with a diminution of pain in comparison with its use as advised by Dr. Houston.

After preparing a bougie of cloth filled with cotton, it is to be adapted to the size of the rectum by a covering, composed of one part of olive oil to eight of bees-wax, to be applied by a brush, and when completed it is to be introduced into a jar acid, to remain until its action changes the color of the composition to a dingy white, when it is to be introduced into the rectum, to remain until its action upon the rectum is in a measure suspended. When withdrawn, it is to be smeared with belladonna oint. and again introduced into the rectum, to be removed as the pain subsides. Yours, &c. E. R. SMILIE.

Derry, N. H., July, 1844.

INDEPENDENCE OF MIND IN THE PHYSICIAN.

From Dr. Homans's Address before the Massachusetts Medical Society.

ANOTHER class of qualities essential to the success and usefulness of a physician, may be ranked under the head of *independence of mind.* The physician must be a man of firmness, decision, self-reliance; able to meet emergencies, to think and act for himself as the case before him demands, and not as a servile imitation of the course of treatment described in a case somewhat similar would suggest. He must be superior to the inveterate prejudices of time-honored theories and the seducing novelties of caprice and fashion, neither adhering to the one, and opposing the other, nor abandoning the one, and adopting the other, with an obstinacy or a facility, alike to be condemned by a calm, clear, comprehensive judgment. He must not suppose all truth in the science of medicine to have been ascertained, nor accept with slight questioning everything new as true, to be confided in and practised upon. With a mind open and active, with an observation extensive, accurate and discriminating, with the feelings that arise from association, habit, and long-cherished opinion, under the control of the judgment, he must "prove all things, and hold fast that which is good."

In every department of life, these qualities, which I have comprehended under the term independence of mind, are important. No man ever accomplished anything valuable without them—but to the physician, they are essential. It is not enough for him to possess knowledge, or even experience. Were the latter sufficient, an old hospital nurse, who, for years, had watched the daily and hourly progress of all sorts of diseases, would be the best physician; and were knowledge sufficient, the student, who is fresh from the lecture-room, the professor, who has all the learning of books and treatises at his command, would be the safest reliance of the sick in the hour of peril. The physician needs both knowledge and experience; but above and beyond these he needs an *independent mind*, that can at once bring in review all the principles embraced in his knowledge and experience, and act with decision and promptness in their application to the case in hand. A person may be familiar with all the principles of navigation, or, with but slight knowledge of these principles, he may have a practical acquaintance with the ordinary management of a ship, but unless this theoretical and practical knowledge be at the command of an independent, resolute, and ever active mind, that, when a storm, or any sudden emergency arises, shall be able to discern and decide with the requisite promptness what is best to be done, it does not qualify one to take command of a ship. The principle of the illustration is equally applicable to the physician. No other profession, perhaps, involves such an amount of unshared responsibility as ours; or makes such demands for a prompt, varied, yet wise, application of principles and knowledge. The physician cannot meet these demands, if he be a mere imitator, having little self-reliance, little independent action of his own mind in his own practice. Yet there is no profession, perhaps, in which there are stronger temptations to imitation, none in which men are more naturally and easily, and from high and pure motives also, led to yield to the authority of great names, and to adopt and follow the theories and modes of treatment which their authority sanctions; and undoubtedly here, as in everything else, deference is to be paid to the wisdom of the wise, and the observation of the experienced. But this deference should simply be an element to guide, not a power to control the judgment and cripple the action of the individual in his practice; and when it becomes the latter, it exceeds its province, and mistakes and absurdities must mark the practice in which it prevails.

I commend not a presumptuous self-confidence. or the hasty judgment that is formed without a minute observation and a deliberate weighing of all the symptoms and circumstances that accompany each particular case of disease, or that threaten its progress. I commend not that rapidity of decision and action, which is often the offspring of ignorance; an ignorance that experiences no difficulty in deciding, because it anticipates no consequences, and knows not what consequences to anticipate.

Doubtless, the profession and the community suffer much from this source. Unquestionably injustice is often done the former in this respect. A physician is commonly expected and called upon to act with prompt decision in all cases, and if he hesitate, or doubt and delay, though the doubt proceed from superior knowledge, from a large and wide observation, and desire amid contending difficulties to choose the most eligible course of treatment, it is usually accounted proof positive of ignorance and insufficiency. It has been well observed in reference to our profession, that "a man must have merited the confidence of the world, before he can obtain time for consideration, and his reputation must be firmly established before he can own himself at a loss." A bold, confident, decided, dogmatical air, that never hesitates, is never at a loss for an opinion as to the nature of the disease and the best mode of treatment, has ever been the capital of the quack, his great stock in trade. Its effect is like that of a rich and gorgeous display of goods at a shop window, seducing unwary customers to enter, but shutting out the light by which they may judge of the quality of what they purchase. I commend not, I approve not this. Even at the risk of a loss of professional reputation in the estimation of the weak-minded and inconsiderate, I would have a physician hesitate, and doubt, and delay, if the difficulties of the case and his thorough perception of them embarrass his judgment. Because he is in doubt what to do, I would not have him do he knows not what.

By independence of mind in a physician, I mean not an independence alike of all principles of medical science and of sound morality. I mean simply that he should keep his mind open and active, superior to the littleness of theoretical prejudice, and the rashness of novel and capricious practice; that he should exercise his own judgment, consider that in the circumstances of every case, in the diagnosis of the disease, in the habits, constitution, idiosyncrasy of the patient, there is something peculiar to that case and patient, of which he is the sole observer, and must be the sole judge; and that, in the vigorous and energetic action of his own mind, he apply the principles and knowledge of his profession that he has acquired. It is only thus that he can fully develop his own abilities, or attain to eminence and usefulness in his profession.

It has been well observed by the late Mr. John Bell, that "it is an old, but a becoming and modest thought, that in our profession we are but the ministers of nature; and indeed the surgeon, still more than the physician, achieves nothing by his own immediate power, but does all his services by observing and managing the properties of the living body; where the living principle is so strong and active in every part that by that energy alone it regenerates any lost substance, or reunites in a more immediate way the more simple wounds."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1844.

The Mammoth Cave.—There is no very intimate connection between the description of a great cavern, miles in extent, and the practice of medicine. However, without unnecessary circumlocution, it is universally known that there is a cave near the southern extremity of Kentucky, of such vast dimensions that it has appropriately obtained the name of *mammoth.* It is probably the largest cave in the world—having already been explored nine miles under ground. It is walled up on all sides by stupendous lime-stone rocks, which will probably never be removed from their firm resting-place till the everlasting hills shall melt with fervent heat. Having recently visited the dark interior to the river, between two and three miles from the entrance, we have a distinct recollection of the magnitude of nature's masonry for upholding the roof of this mighty opening. In the course of traversing its winding ways, from one apartment to another, we also collected a few curious facts in regard to the efforts that were made, a year or two since, for converting this place into the United States depot-general for persons afflicted with consumption.

During the last war, the manufacture of saltpetre was conducted on a large scale in the Mammoth Cave. The loamy earth, strewn over the floors by the action of running water, having an unctuous feel, was leeched, and the water, thus charged, boiled away. Vats, pump-logs, the ruts of cart wheels, and even the tracks of cattle, are seen for nearly a mile from the mouth. Nitre abounds there—and to obtain it, laborers, with their oxen and horses, remained within for months in succession, without any other intercourse with the inhabitants of the neighborhood than was absolutely necessary in the purchase of the necessaries of life.

After having passed through the hands of several owners, the cave, including a thousand acres of land, now belongs to Dr. Crogahn, of Louisville, a gentleman of wealth and liberality, who has made it a fashionable resort.

Early in 1842, the idea was advanced, for the first time, that there was a medicinal atmosphere in the cave, possessing extraordinary properties —especially important to consumptives. No one explains satisfactorily the origin of the suggestion. Some have imagined that those working there might have discovered the fact that respiration was carried on within the cave with remarkable ease. This part of the narrative, however, is not material. On the 23d of May, 1842, Dr. William J. Mitchell, of Glasgow, Ky., took up his residence in one of the enormously large chambers, nearly if not quite a mile under ground, where he remained till the 25th of June, very much relieved. This, therefore, was a triumph, and after the press had heralded the case over the world, as a sort of miraculous restoration to health, invalids began to repair to the newly discovered fountain of health, from many different States. Unfortunately for the reputation of the new and infallible remedy, Dr. M. died the following winter—having been married in September preceding.

On the 15th of September, of the same year, J. W. Harper, Esq., of South Carolina, took possession of an apartment within the gloomy subterranean abode, where he remained till the 18th of January, 1843, when he died. These gentlemen had pulmonary consumption, and the healing influences of the cave were sought on account of its atmosphere. To accommodate the consumptive applicants, quite a house was erected. Each one had a room by himself, a stove and proper furniture. There was a dining hall, warmed by a stove. Mr. Benjamin R. Mitchell, of Mobile, who presented a painful state of disease of the lungs, took up his residence December 28th, but died January 9th.

Without detailing, unnecessarily, the names of a few others, it is sufficient to record the fact, that twelve persons in all made the new and bold experiment of living entirely in the cave—only one of whom is now alive. Their expenses, thus shut out from their friends, and the fair world above them, averaged eight dollars a week. The object was restoration to health from a decidedly diseased condition of the lungs.

So unsatisfactory was the experiment, that the suddenly-raised reputation of the cave, which was trumpeted over the Union, holding out high expectations to a particular class of invalids, fell as suddenly below zero in public estimation. Patients no longer include it in their catalogue of remedies.—A stranger sight cannot be found than the hospital remains of doors, floors, broken-in partitions, and upturned stoves, now within the cave.

We now approach the question—is any advantage to be derived to consumptives from breathing this cavernous atmosphere? Had no fires been permitted, the patients might not have had their coughs aggravated—as this resulted probably from the accumulation of smoke. True, it was wafted by a strong current through the recesses of the rocks, many miles, but there was not a ready escape for it. Again, the least noise was propagated with exceeding force, and reverberated from wall to wall so powerfully as to be a perpetual annoyance to the patients. Had their residences been some rods apart, so that they might not interfere with each other, and had an orifice been opened by an artesian augur, from the top—an easy undertaking—the unhappy inmates would have had some little encouragement for a prolongation of life, at least.

That a marked case of pulmonary consumption can be positively cured, is not admitted. When the structure of the lungs is destroyed by ulceration, medicine is of no avail in staying the progress of disease. In an early stage, however, before the destruction of the air cells, and before the lungs become excessively burdened by the accumulation of matter that can only be raised by painful efforts, there is a ray of hope, and indeed good encouragement, in many instances, of arresting, indefinitely, an onward tendency of a frightful malady. Under such circumstances, we fully believe that the atmosphere of the Mammoth Cave might be resorted to with beneficial results. But taking up a residence entirely within the cavern, beyond the reach of solar influences, is over-doing. Going in and out several times in the day, and availing oneself of the comforts of the house near by, is equivalent to making a direct application of the medicine to the diseased surface of the lungs. The gentleman who is the only one living out of the twelve who made the experiment, before alluded to, alternated between the hotel and the hospital. His active habits, without any intention on his part, enabled him to derive all the benefit the cave atmosphere could confer.

A new series of experiments is required, touching this important subject. As physicians are frequent visiters to the cave, their opinions and observations are solicited. If there are any advantages to be realized, as some suppose, especially since a reaction is beginning to be manifested in favor of the medicinal character of the cave, we shall esteem it a peculiar favor to be put in possession of all the facts.

New Hampshire Medical Society.—The Fellows of the New Hampshire Medical Society held their fifty-fourth anniversary at the Phœnix Hotel, in Concord, on the 3d and 4th of June. The number present was unusually large, and there seemed manifest in the meeting the same spirit of improvement and desire for the advancement of medical science which actuated those who more than half a century ago founded this institution. The annual address, by the President, Dr. Batcheller, on the state of medical science at the present time, was highly interesting. Drs. Eaton of Merrimac, and Flanders of Londonderry, read essays which did honor to these gentlemen.

The following gentlemen were chosen officers for the ensuing year, viz.:—James Batcheller, of Marlborough, *President;* Josiah Bartlett, of Stratham, *Vice President;* Charles P. Gage, of Concord, *Secretary;* R. P. J. Tenney, Loudon, *Treasurer;* J. B. Abbott, W. E. Chase, I. H. Cowan, I. H. Smith, A. Twitchel, S. Cummings, D. Crosby, E. R. Peaslee, T. Brown, J. Crosby, W. Brown, J. C. Eastman, A. Smith, I. Burnham, *Counsellors;* T. Haynes, J. F. Sargent, I. S. Fernald, J. Farrington, F. P. Fitch, J. G. Graves, G. B. Twitchel, S. Cummings, T. R. Crosby, A. O. Dickey, D. Flanders, Z. Colburn, E. B. Gale, J. Eastman, *Censors;* Josiah Bartlett, Stratham; L. M. Knight, Thornton; T. Wallace, Derry; H. Eaton, Merrimac; J. Batcheller, Marlborough; S. Drew, Milton; D. Crosby, Hanover, *Corresponding Secretaries.* P. P. Woodbury, E. K. Webster, *Delegates to Hanover.* E. R. Peaslee, A. F. Carr, *Orators for* 1845. J. G. Graves, A. Smith, *Substitutes.*

The following gentlemen were elected members, viz.:—George Chandler, M.D., Concord; Fred. Boyden, M.D., Hinsdale; Moses Clark, M.D., Derry; George B. Twitchel, M.D., Keene; L. D. Lyman, M.D., Concord; E. Colburn, M.D., Nashua; Charles F. Elliot, M.D., Somersworth; J. Stackpole, M.D., Dover; David L. Batcheller, M.D., Londonderry.

Dr. Isaac Tewksbury, of Hampstead, was expelled by a unanimous vote of the Society.

On petition of L. M. Knight and J. A. Dana, a new society was chartered, by the name of the Pemigewasset District Society.

Medical College in Tennessee.—A new medical institution has been organized at Nashville, in connection with the University located in that city, which will go into operation another season. There are many facilities for carrying on a school there. The faculty recently elected is an efficient body of learned men, who need have little fear of being second to any other. Dr. Buchanan has the chair of Surgery. Dr. Frost, the State geologist, a man of great attainments in science, already a professor in the University, is to lecture on chemistry. In good time, all the appointments will be announced. Before long, another medical institution may spring up in Alabama—the next State south. What becomes of all the young physicians who are graduated annually in the United State, is a problem, though travellers assert that they never have visited a place yet, where there were not too many—for each other's profit.

Mexican Remedy for Rheumatism.—Mr. Kendall, in his Narrative of the Santa Fe Expedition, mentions that the hospital physician of San Lazaro was a worthy, good-natured man, not disposed to investigate too closely a chronic rheumatism, with which the writer was afflicted. The only presciption he ordered, was a warm bath in the morning and *an occasional greasing at night!* The former, he continues, was agreeable enough; but he infinitely preferred his vile glauber salts—*cosamiento blanco*, and other inward remedies, to the latter. "This practice of anointing the prisoners (Texans), from head to foot, with a preparation of hartshorn, lard, and other ingredients which I could not detect, was very common in San Lazaro."

The Willoughby University of Lake Erie, in the State of Ohio, with Dr. A. Trowbridge in the chair of Surgery, and Dr. H. H. Childs in that of Obstetrics and the Diseases of Women and Children, has sent out its annual announcement of lectures, under very favorable auspices.

Longevity of New Hampshire Physicians.—The Keene Sentinel states that there are three physicians now living in Walpole, N. H., whose united ages amount to 277 years, viz.: Dr. Williams, formerly of Hanover, who removed to Walpole five or six years ago, 96; Dr. Holland, 93; and Dr. Sparhawk, 88. Besides the above instances of longevity among the Faculty mentioned by the Sentinel, may be added Dr. Ezra Green, of Dover, N. H., who completed his 98th year on the 17th of June last, and who is the oldest surviving graduate at Harvard University. He graduated in 1765.

Deaths from Poisoning in New York.—Dr. J. B. Beck, of New York city, has collected from the records of the coroner of that city and county, a list of the inquests for poisoning which had come under his jurisdiction during the years 1841, 1842, and 1843, with the most important circumstances connected with each case. These are published in the Transactions of the State Medical Society, and are summed up as follows—being 83 in number, 46 males and 37 females. Poisoned by arsenic, 13; opium, 8; laudanum, 39; paregoric, 1; solution of morphia, 3; corrosive sublimate, 3; colchicum, 1; sulphuric acid, 2; tinct. of sanguinaria, 4; tartar emetic, 1; ardent spirits, 1; gin, 1; alcohol and laudanum, 1; brandy and laudanum, 1; strychnia, 1; prussic acid, 1; phosphorus, 1; carbonate of potassa, 1. Of the 83, there were, suicides, 50; taken by mistake, or through ignorance, &c., 28; unknown, 5.

It appears that the two poisons principally used were *arsenic*, and *opium*, in some of its forms. In the cases of poisoning by arsenic, the smallest quantity taken was one drachm, and the largest two drachms.

The shortest time intervening between the taking of the poison and the death, was four hours, the longest two days. In the cases of poisoning by opium, the smallest quantity was one drachm, the largest one and a half ounce. The shortest time between the taking and death, eight hours; longest, twenty hours—average time of six cases, fourteen hours. Of the cases of poisoning by laudanum, the smallest quantity was *one drop*, the largest was sixteen ounces. The shortest period between taking and death, two hours; the longest, 48 hours—average of 23 cases, 12 hours.

Prize Essays on Insanity.—The Lord Chancellor of Ireland has declared his intention to give ten guineas yearly, during the next ten years, for the best essay on a subject connected with the treatment of mental disease, to be selected alternately by the College of Physicians and College of Surgeons of Ireland, and the prize to be awarded by the council of the College by whom the subject was chosen. The first turn to belong to the College of Physicians.—*Dublin Medical Press.*

Books, &c., Received.—Pettigrew's "Superstitions connected with the History and Practice of Medicine and Surgery," from Barrington & Haswell, Philadelphia; Dr. Hullihen's Treatise on Hare-lip; Circular of the Willoughby University.

To Correspondents.—A Letter from Havana, respecting the preparatory steps necessary to practise medicine in that place; and a reply to Cyclops, by Argus, have been received.—In No. 25, last volume, p. 501, Case II., after the word "belladonna," add, "and applied to the os tincæ."

Died,—In Newton, Conn., Dr. Zera Sheppard, 47.—In East Hartford, Conn. Dr. Timothy Hall, 87—a Surgeon in the Revolutionary Army.

Number of deaths in Boston for the week ending Aug. 10, 44.—Males, 22; Females, 22.

Of consumption, 3—scald, 1—scarlet fever, 6—erysipelas, 2—drowned, 1—delirium tremens, 1—dropsy in the brain, 3—infantile, 1—debility, 1—marasmus, 1—accidental, 4—cholera infantum, 6—tumor, 1—liver complaint, 1—dysentery, 1—bowel complaint, 2—disease of the heart, 1—child-bed, 1—teething, 1—cancer, 1—croup, 1—disease of the hip, 1—dyspepsia, 1—hooping cough, 1—unknown, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 60 years, 15—over 60 years, 0.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

July.	Therm.		Barometer.		Wind.	July.	Therm.		Barometer.		Wind.
1	from 57	to 72	from 29.24	to 29.45	S W	17	from 55	to 80	from 29.24	to 29.35	N W
2	66	79	29.24	29.27	N W	18	58	80	29.39	29.44	N W
3	66	82	29.15	29.22	W	19	59	84	29.16	29.30	S W
4	50	65	29.33	29.50	N W	20	67	70	29.16	29.20	S E
5	49	78	29.38	29.52	S W	21	63	82	29.32	29.49	N
6	59	78	29.11	29.20	S W	22	61	80	29.52	29.55	S W
7	61	76	29.19	29.33	S W	23	65	83	29.39	29.47	S W
8	52	73	29.42	29.44	S W	24	66	81	29.37	29.40	S E
9	56	83	29.30	29.44	S W	25	59	63	29.37	29.48	N E
10	67	80	29.08	29.24	S W	26	57	73	29.41	29.43	N E
11	64	87	29.07	29.20	N E	27	55	77	29.46	29.55	N W
12	62	71	29.29	29.44	N E	28	54	82	29.59	29.66	N W
13	60	79	29.48	29.52	S W	29	58	80	29.61	29.66	S W
14	67	83	29.28	29.43	S W	30	60	81	29.48	29.57	S W
15	68	78	29.27	29.35	W	31	63	68	29.40	29.48	S E
16	60	64	29.14	29.32	N E						

The month has been pleasant and favorable to the husbandman. The first part of it was dry and unfavorable to growth, but favorable for haying and harvesting; lands newly mown, and pastures, suffered by drought, but cultivated fields and gardens look well. Seasonable rains have recently changed the face of nature, and all is verdant now. Range of Thermometer, 50 to 87. Barometer, 29.07 to 29.66. Rain fallen, 3.50 inches.

Chronic-choroido-Iritis: Spurious Cataract: Keratonyxis: Artificial Pupil.—Under this four-fold title Mr. Dalrymple reports a case from the London Ophthalmic Hospital, in which on admission, there was found chronic internal inflammation of the right eye, with an irregular strongly-contracted pupil, adherent to an opaque capsule. The iris was plane and rigidly stretched, its fibres radiating in marked lines towards the pupil; it had lost its proper color, and was of a greenish hue. The left eye was sympathetically inflamed. The first thing to be done in this state was the removal of the chronic inflammatory condition, which was effected by a course of small doses of the bichloride of mercury, with infusion of gentian or sarsaparilla, together with counter-irritation to the brow and temples, and the occasional application of belladonna. This latter, however, was not considered to be of any service. The gums were kept gently sore for several months. The next thing to be done was to remove the obstruction in the pupil by the operation of keratonyxis, prior to making an artificial pupil. This was effected by keratonyxis, repeated on six different occasions. The last operation was followed by some iritic inflammation, which was subdued by leeches and mercurials. The cold weather having set in, all further proceedings were postponed to the spring, when the lens was found to be nearly entirely absorbed, and the needle was used only once again, the complete removal of that body being thereby effected. An artificial pupil was next made, but it was shut up by a dense white and opaque capsule, which, when an attempt was afterwards made to extract it with a pair of delicate forceps, was found to be encrusted with calcareous matter, and the vitreous humor being quite fluid, the operation was abandoned; a curved needle being introduced through the cornea at a subsequent date, and the calcareous capsule brought into the anterior chamber out of the field of vision, where it became adherent in a few days to the outer and under part of the anterior chamber, leaving a round, black and ample pupil. The patient, after this series of operations, was enabled to read small print with the aid of convex glasses, and to pursue all the ordinary avocations of life.—*London Medical Times.*

Disease of the Tricuspid Valve.—Dr. Mackenzie publishes the case of a soldier, 22 years of age, who died under his care, having been troubled previously with violent palpitation and pain in the chest, dyspnœa, and a feeling of weight in the cardiac region. The sound of the heart heard through the stethoscope was loud and rushing, without any distinct interval between its contractions. On examination of the body, the pericardium contained nearly six ounces of straw-colored serum; the heart was immensely large and flabby-looking, and contained a large quantity of dark, clotted, and fluid blood; when emptied, it weighed upwards of one pound and three quarters. The right auricle was larger than an ordinary sized left ventricle, with very thin walls. and was distended with clotted blood. The tricuspid valve, and the natural orifice between it and the right ventricle, were quite obliterated, and three fingers could be easily passed together through the opening. The venæ cavæ were distended with blood. The liver was hard, of a yellowish pale color, and weighed five pounds and three quarters. The hepatic vessels were much distended. The brain was not examined.—*Ibid.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXI. WEDNESDAY, AUGUST 21, 1844. NO. 3.

OBSERVATIONS ON EQUIVOCAL GENERATION.

[ONE of the papers in the last volume of the Transactions of the New York State Medical Society, is by Dr. T. W. Blatchford, on the subject of equivocal generation. Dr. B. was subpœnaed, in 1836, as a witness in a case of slander, and was requested to prepare written testimony on the question, "Is it possible for a woman to become pregnant by a dog, and to bring forth pups or any other issue as the result of such unnatural intercourse?" The slander was proved, and the defence offered to show the impossibility of issue from the connection specified. The plaintiff's counsel, however, conceded the fact, and the witnesses were discharged without testifying. Dr. B.'s testimony is therefore first published as above stated.]

The subject of Generation is one of deep interest and of great obscurity. While, however, there is much concerning it which is still enveloped in mystery, science, in her steady and majestic march, has shed light upon many of its processes which at one time were considered hopelessly impenetrable. How much higher she may raise the veil to let us see what yet lurks behind, is impossible for us to determine.

We learn from the account given by Moses of the creation, that each plant and each animal throughout the whole extent of organic nature, at the time of their creation, received a command to "bring forth his seed after his kind which was in himself;" and then follows the evidence that the command was obeyed, "and it was so." And it is a fact worthy of observation, that all the investigations of naturalists from the most remote to the latest period, tend only to give additional proof that this LAW is still universally obeyed.

We find every plant and every animal which are furnished with organs for procreation (and this embraces almost the entire range), have a certain set of organs exactly adapted to the end designed, called the male and female organs of generation—the male to secrete and deposit *in propria persona et in propria situ*, a peculiar substance unlike that of any other species of organic matter, and the female to receive and nourish and bring forth the fruit of their united efforts—the union of any other organs or matter than those of the same species being ineffectual to this end. "The congress of the sexes," says Bostock, "attended with the entrance of the male, takes place only in the two first classes of the vertebrated animals; in the amphibia there is the congress without the entrance, while in fishes there is neither congress nor entrance."—*Vol. III.*, *p.* 12.

In searching deeper into these arcana, we find these organs arranged under four different combinations:—1st. The male and the female existing in separate individuals, the congress of which is essential to the propagation of the species, which, I need scarcely say, is the case with the human family, and with most animals with which we are acquainted. 2d. The male and the female existing in the same individual, and possessing the property of impregnating themselves; which combination obtains among most of the vegetable kingdom; it is likewise the same with clams and oysters, and some species of worms. 3d. The male and the female likewise in the same individual, but not possessing the power to impregnate themselves. Here it is rendered necessary that two individuals should mutually impregnate each other, the male organs of one being brought in coaptation with the female organs of the other, and *vice versa*, and thus each individual brings forth its own young. This is the case with the common angleworm, the garden snail, and many other small animals. 4th. Upon the authority of Sennebier and others, where three individuals are essential to the process of generation, one secreting the sperm, another applying it, and the third bringing it forth. This arrangement of the organs of generation, as far as researches have yet proceeded, occurs only among some few of the tribes of insects.

The fecundating dust, as the secretion from the male organs of generation of all vegetables is called, of thousands of plants mingle together in the atmosphere which surrounds both the mountain and the plain; but unless the female to which the species is peculiarly adapted is present, in vain is the fecundating dust sent forth, the reproduction cannot be effected by the female of any other species. A notable instance of this we have in the populus dilatata, or common Lombardy poplar. It is a native of Italy. The tree containing the male organs of generation only has been brought into this part of the country, and notwithstanding there is near a dozen species of this genus in almost every forest, yet because the female of its own particular species is not present, it has never produced seed, and naturalists predict that as every tree has its particular age allotted to it, and as this tree has thus far been only propagated by cuttings, which of course are merely branches of the parent stalk, and not a new germ in itself, whenever they shall reach to their good old age, they will all die together; and they certainly now look very much as if they had reached the confines of decrepitude. Upon the authority of the late Dr. Hosack, we learn that a gentleman at the south, taking pity upon their languishing condition, a few years since imported the female tree from Europe, and that now in that part of the country they bear seed after their kind, and are there seen clothed in all their pristine beauty.

In the animal kingdom, a great class of fishes, the female of which deposits its eggs in the water, through which the male afterwards passes, imparting to the water seminal fluid sufficient to fecundate them, thus bring forth their kind; and although there are a vast variety of fish commingling in the same stream, the peculiar sperm suited to each kind, and that alone, possesses the requisite power to impregnate.

The higher we ascend in the scale of being the more evident does the fulfilment of this law, this great fundamental law of nature, become; and we cannot too highly admire this wise and wonderful provision of the great Creator. For could it be otherwise, we might truly say, in the language of the Epicurean poet Lucretius, who wrote earlier than Virgil:

> "Thence would arise
> Vast monsters, nature's great absurdities;
> Something half beast, half man, and some would grow
> Tall trees above, and animals below:
> Some joined of fish and beast, and everywhere
> Frightful chimeras breathing flame appear.
> But since we see no such, and things arise
> From certain seeds of certain shape and size,
> And keep their kind as they increase and grow,
> There 's some *fix'd reason* why it should be so."

If the theory of generation, which, among a multiplicity of others, seems to be the favorite among the learned of the present day, be the true explanation of the process, it must forever settle the question of accidental or equivocal generation. About the middle of the seventeenth century, Hamme, Leuwenhoek and Hartsoeker, three celebrated Swiss naturalists, within a short time of each other discovered, by the help of powerful magnifying glasses, myriads of minute animalcules in the sperm of animals, so small that it is affirmed fifty thousand of them united would not equal in bulk one grain of sand. They are not present in the sperm until after the age of puberty, nor after the individual, either from disease or age, becomes impotent. They are of every possible variety of form, differing according as the species of animals vary, but always and uniformly precisely the same in all animals of the same species; so much so as to be capable of determining the species of animal which furnished the sperm, and of course that the uterus of the female is exactly adapted to the germ of its own particular species. The ingenious experiments of these naturalists, and especially those of Leuwenhoek of Geneva, have been amply and repeatedly confirmed by MM. Provost, Dumas, Blumenbach, Spallanzani, and a host of others.

It may however be said, that the fact of *hybridous productions*, or cross breeds as they are sometimes improperly called, may be opposed to the existence of this general law, which I am endeavoring to trace. With respect to these, however, as far as it concerns the animal kingdom (and I believe it holds good also in the vegetable kingdom), it is known that they cannot be produced except between two individuals of the same species, and even in these few instances it seems to be the concurrent opinion of naturalists generally that they must first be domesticated, for in a state of nature these productions are not known. Besides their domestication, there must be an exact agreement in three essential particulars.

1. Both species must possess organs of generation exactly alike.
2. The time they go with young must be the same.
3. They must agree in their manner of copulation.

Hybrids among animals occur only in a very few classes. There is that of the horse and ass kind, but here we find the female ass and the mare furnished with organs of generation precisely similar, their period of gestation is the same, being a little over eleven months, and so is their manner of copulating; thus there is a concurrence of these three important particulars, essential to pregnancy in cross breeds. The same similarity occurs between the male organs of generation in the jack and the stud as occurs between those of the females of the same species. But here a circumstance should be mentioned which shows very strongly the antiphysical nature of such abnormal productions. The hybrids of these animals never possess the power of reproduction; although, as far as the investigations of the anatomist can ascertain, they are furnished with all the necessary organs of generation, and the male mule is vastly more lecherous than either the jack or the stud. Aristotle, however, a celebrated ancient philosopher, contended that the male mule could impregnate the female ass, because the organs of generation seemed so perfect; but Dr. Goldsmith very shrewdly remarks, that there being no instance of its occurring since the death of Aristotle, he should think two thousand years quite sufficient to try the experiment and settle the question.

It has been ascertained, says Cuvier, that the female zebra may successively produce young with the horse and the ass; and here, too, is an exact agreement in the three essential particulars.

Another instance is that between the sheep and the goat. Here, likewise, we find the three essentials present; the organs of generation and the manner of copulation are the same, and they both go with young five months. Indeed so great is the resemblance between the sheep and the goat, that Cuvier says, speaking of the sheep, "they are so slightly entitled to a generic separation from the goat, that the two produce a prolific offspring, which, however, is again entirely lost in that of the sheep in two or three generations. Yet if we examine the goat and the sheep anatomically, we shall find their conformation entirely and minutely the same."

"No two animals," says the same author, "can be more alike than the stag and the fallow deer; alike in form, alike in disposition, in the superb furniture of their heads, in their swiftness, and alike also in their timidity; and yet no two animals keep themselves more distinct, or avoid each other with more fixed animosity. They are never seen to herd in the same place, they never engender together, and of course form no mixed breed. In short they both form distinct families, which though seemingly near are still remote; and although with the same habitudes, yet retain an unalterable aversion."—*Goldsmith's Natural History, Vol. II., p.* 213.

So between the roebuck and the deer, and the roebuck and the stag, while they resemble each other in many particulars, they are never known to engender together; and one of the reasons doubtless is, that while the deer and the stag go with young eight months, the roebuck goes only five and a half.

Upon the *dog*, the *wolf*, and the *fox* (three animals resembling each other so closely, that Cuvier says a written generic and specific description of the one suits the rest, and if it were not for drawings and specimens, no just idea could be given of the differences between them)—upon these animals fruitless experiments have again and again been made to ascertain whether they would cohabit promiscuously with each other. The organs of generation are alike in all three, and the manner of copulation is the same likewise; but a difference exists between them in the period they go with young. The fox goes six weeks, the dog nine, and the wolf fourteen. This is doubtless the great barrier, which, together with the almost irreconcilable hatred subsisting among them towards each other, the wise Creator has set up to prevent their promiscuous union. If so, we may safely predict that every succeeding experiment will be alike unsuccessful. No naturalist labored more perseveringly in this field than the elegant and indefatigable Buffon. He procured pups of the wolf and the dog when they were under a fortnight old, he brought them up together in a large retired enclosure, suffered no individual to molest them, and none to visit them but their keeper; and although the wolf, which was the female, was regularly in heat at the season, no kind of sexual intercourse was ever observed between them; and although the experiment lasted three years, and every regulation was adopted calculated to favor the end proposed, the result was the same as in all preceding experiments, having the same end in view.

Equally unsuccessful, too, have been the experiments of those physiologists who injected with a common syringe the sperm of one species into the uterus of another species; while the experiment has often been successful of injecting with a common syringe the sperm of the male into the uterus of the female of the same species, the female thus becoming pregnant and bringing forth her young in the due course of nature. I am aware of the reports of early travellers in this country asserting, upon the authority of others, that the Indians had succeeded in causing a promiscuous intercourse between their dogs and the wolves; but neither Goldsmith nor Buffon put any confidence in these vague reports, especially as they are contradicted by so much that is actually known.

The question to which I have been requested to prepare an extended answer, is, whether, in my opinion, a woman can under any circumstances become impregnated by a dog and bring forth pups, or any other issue, as the result of such unnatural intercourse. I answer, that if the preceding observations are founded in fact, it is utterly impossible. If animals agreeing in almost every necessary particular of habit and structure do not possess the requisite power, it cannot be expected in those who differ so widely as man and dog. They differ totally in those three essential particulars of which I have before spoken; the organs of generation, the manner of copulation, and the period of gestation.

The difference between them in the organs of generation is very great. Without being very particular, I would notice, that man is provided with one appendage to the organs of generation, which if he loses by excision or wants by nature, he is almost as impotent as an eunuch, and scarcely possesses the power to propagate his own species; indeed some authors are of opinion that the loss of it entirely deprives the individual of the procreative power. I allude to the seed-bladder, called by anatomists the *vesiculæ seminales*. This appendage is entirely wanting in the dog. It is not peculiar to our species; some animals, as the goat, the ram, &c. have it much more largely developed than man. While physiologists are not agreed as to every use of this little appendage, none doubt that one very important office is forcibly to contract upon its fluid contents, and assist in injecting the sperm into the uterus of the female at the moment the local excitement has been raised to the highest pitch. Blumenbach still thinks, notwithstanding the strictures of the great John Hunter to the contrary, that it is to the testicle what the gall-bladder is to the liver. Animals in which it is not found are usually very long in the act of copulation, and they have not the power to *propel* the sperm into the uterus of the female, as all animals have which are furnished with vesiculæ seminales; but to compensate for this want of power in the male, we find the female of their species provided with a strong sphincter, or grasping muscle, at the outer parts of the organs of generation, which during the excitement of coition grasps with prodigious, unrelenting force the penis of the male, until by simple compression of parts she extracts sperm sufficient to satisfy her desires, and without which contrivance he could never propagate his species. This is the case with the bear, the opossum, the jackall, the fox, the dog, &c. &c. Those animals, on the contrary, which are provided with a large seed-bladder, are usually very quick in the operation. Witness the sheep, the goat, the bull, &c.

The dog is also supplied with a double pair of glans, one pair at the extremity of the penis, and a second and much larger pair attached around the body of the penis, around which the sphincter of the female clings with a sort of spasmodic contraction, entirely independent of her will. The penis of the dog is provided with a tubular bone, which extends to the extremity of the penis, and which is supposed to compensate for the want of blood cells furnished to most others of his class, and all these parts are deemed essential to the secretion and ejectment of his sperm.

The two species differ as widely in the construction of the uterus, and these differences, to say nothing of one being uniparous, or bearing one at a birth, and the other multiparous, or bearing many at a birth, are sufficient to make a great difference in the manner of copulation. In our own species it is a muscular propulsion of the sperm by the male, almost entirely unassisted, into the uterus of the female. In the dog, on the contrary, it is a kind of muscular secretion, or mechanical compression, produced entirely by the contraction of the female organs, excited to their highest degree by the presence of the male. In the one, the male is the active agent in making the deposite, while the female remains nearly passive; in the other the male remains almost entirely passive, while the female is the active agent.

If therefore it be true, as I think I have made it abundantly appear, that a certain essential power be wanting in both individuals, a power without which impregnation is impossible, even admitting all other things to favor the opposite result, does it not approach very nearly to a demonstration, that the object contemplated can never be effected? But if these differences of structure are not sufficient to prove my position, there is the very wide difference between the two individuals in the period of gestation; while in one it is forty weeks, in the other it is only nine.

The only animal which possesses the least shadow of a possibility of ever being able to impregnate the female of our own species, besides her own appropriate lord, would seem to be the ourang-outang of Borneo and the East. But even here there are erected two very important barriers, over which it would seem impossible ever to pass. While there is no material difference in either the arrangement and structure of the organs of generation, or the manner of copulation, there is a difference of two months in the period of gestation, the ourang-outang going but seven months. The other impediment to which I allude, is the entire absence in the ourang-outang of that peculiar monthly secretion which makes woman differ from every other female in the long catalogue of beings; a secretion which must take place before she can possess the power of becoming pregnant, and which robs her of this power whenever age or disease deprives her of its regular healthy discharge: a peculiarity which may have been intended to guard her offspring from beastly contamination, from brutal depreciation—the very odor of which secretion is said to be abhorrent to every animal in the world.

Cuvier mentions, that the ourang-outang, like the horse, the deer, the elephant, &c., roam in droves through the forests and deserts; that the male of the ourang-outang is very fond of cohabiting with the negress, which they capture on the coast, while he is deadly in his hatred to negroes and white men. He affirms that instances are by no means uncommon, where they carry the young females into captivity and detain them for several years, and constantly treat them with the greatest attention and apparent kindness, preferring cohabitation with them to that with their own females, and yet no instances are recorded of any issue whatsoever being the result of such congress.

In the hybridous productions of which we have spoken, there is always a striking resemblance to both parents. In size the mule is between the horse and the ass. It is faster on foot than the ass, but less so than the horse. It has less patience than the ass, but much more than the horse, &c. &c. Now may we not without any breach of charity suppose, that every generation of our race, from Adam downwards, has produced individuals sufficiently abandoned to every sense of shame and every feeling of chastity, often to try the unnatural experiment of cohabiting with the dog. Nay, knowing as we do the depravity and degradation of a vast number of our race, have we not at least presumptive evidence that the experiment which we are now contemplating has again and again been tried in every age of the world, to satiate a beastly, lustful desire; but who has ever seen the hybridous, the monstrous production? Who in all his reading and researches, including both ancient and modern authors; who has ever discovered the record of one well-authenticated instance of a being half man half dog? There may have been heard here and there an occasional vague report of such a phenomenon floating around upon the breath of slander, like the one which has subpœnaed me before this court to-day as a witness. Instead, however, of merely the report, the fabricated report of such cases being of extreme rarity, ought we not, supposing the congress of dog and woman capable of producing offspring, to see thousands and tens of thousands of these imaginary, growling, barking, yelping monsters, stalking before us at every step we take? But no! no!! never! never!! The all-wise Creator has raised his own peculiar barriers to such designs, which all the lasciviousness and baseness and profligacy and degradation of our species, assisted by hell's infernal emissaries, can never surmount.

These are some at least of the reasons which influence me in the opinion already expressed, that it is utterly impossible, under any circumstances whatsoever, for a woman to become pregnant by cohabiting with a dog, and bring forth any offspring as the result of such a connection; and much more the regular offspring of the dog. The thing to my mind is an utter impossibility, unless the immutable laws of nature can be supposed to change.

MEDICAL EXAMINATIONS AND LICENSES IN CUBA.

[The following interesting letter was addressed to Professor W. Parker, of New York, by a former pupil of his, now practising medicine in Havana, and has been politely forwarded to us by Prof. P. As it was not apparently written for publication, we withhold the name of the writer.]

Havana, April 25, 1844.

Dear Sir,—Thinking that it may be of some interest to you to know the course of the medical examination to which foreign physicians are subjected before they can legally practise on this island, I have thought that I would give you the particulars of the late formalities and examinations through which I have passed at the Royal University of this city.

In the first place, I would say, that in commencing this undertaking, the candidate should provide himself with an almost inexhaustible stock of PATIENCE; for the annoyances, formalities and vexatious delays with which he will meet, will very soon drain anything like a moderate supply of that most necessary and useful attribute of mind. I arrived here from Trinidad on the 7th of March, and it was not until the 12th of April that with all my efforts I could get a day named for my examination. It is true that the occurrence of the *Semana Santa*, or Holy Week, and a number of other holydays, occasioned a loss of time that perhaps might not have otherwise taken place. But holydays or no holydays, there will be detention and constant delay; poco à poco, mañana, mañana—little by little, to-morrow, and to-morrow, is, I may say, the unvarying course of Spanish tribunals. Many a valuable "to-morrow" and "day after to-morrow" comes and goes, and to your grief and cost do you find that your business is no nearer to a conclusion than before, but remains quite *in statu quo.*

The first thing to be done, if the individual has not already done it, is to take out a *carta de domicilio*, giving him authority to remain in the island and establish himself where he may choose in the practice of his profession. This requires about three days, and costs, if one understands the language and can manage the matter for himself, four dollars and a half; if he is obliged to hire another to do it for him, it will cost him a couple more. Next he must make a petition in due form to the President of the Subinspection of Studies, who is the Captain General himself, praying that his Excellency will deign to give the necessary order to the end that he may be legally qualified for the exercise of his profession upon this island. This petition must be handed to the Secretary of the Subinspection of Studies, and be laid before the Junta or Medical Council before it can be acted upon. This grave body meets but once a week, on Wednesday evening, and I suppose no earthly consideration would make them meet any oftener. The *carta de domicilio* and the diploma of the candidate must be also laid before the Junta, the latter being previously certified by the American Consul, which costs two dollars. The Junta meet, and the papers being laid before them in due form, they order that the candidate proceed to take the necessary steps for the attainment of his object. After, perhaps, a couple of weeks, and sometimes double and treble that number, the candidate is ordered to prove his identity in the office of the Secretary of the Subinspection of Studies. That is, to prove by three good witnesses that he is the individual spoken of in the diploma, and no other; to prove, as a gentleman who went as witness with me facetiously remarked, *que usted es usted*—that *you are you.* Your witnesses must be natives of your own country, American citizens, known and established in this city, and must have been acquainted with you at least for some considerable time. They are examined separately, and a clerk formally takes down the deposition of each one in writing. After all this ceremony is finished, the Secretary of the Subinspection of Studies writes an official letter to the Rector of the University, stating that having gone through all the necessary formalities in his office, he now sends you to undergo the requisite examinations at the Royal University. And here begins somewhat deeply *la funcion del dinero*, the play of the money, which is anything but amusing to the person that has it to pay. The *derechos* or fees at this office are twenty dollars. I paid my money, took the official despatch, and repaired immediately to the University, where I delivered it in the Secretary's office, and by insisting somewhat I at last obtained the appointment of the next day, the 13th of April, at 1 o'clock, P. M., for my first examination. The Rector appoints three examiners from among the professors of the University, and the Subinspection of Studies sends one as a delegate from their body. On the day of the first examination, previous to that act, I had to make the following heavy deposits, viz., one hundred and twenty-five dollars paid into the Treasury of the University, and one hundred and twenty-five dollars paid into the hands of the Beadle to be distributed by him among the examiners, for both of which sums receipts were given me which I had to deliver to the Secretary before entering the hall of examination.

At last the hour arrived, and my cane being duly taken from me at the door by one of the porters, and duly placed in the corner with the other gold-headed, wise-looking, doctorial canes, I was ushered by the Beadle into the august presence of my dignified examiners. The Beadle is an exceedingly important and busy personage on these occasions ; he is master of ceremonies, ushers you in and out, and sits by your side during the whole of the examination, and is in fact a sort of body-guard or constable to see that you do not infringe any of those sacred rules of etiquette and formality in the observance of which the Spaniards have ever been so excessively punctilious. None but a black dress, I was duly informed beforehand by the illustrious Beadle, would be considered *de etiqueta ;* so I took care to go diplomatically arrayed—*vestido de negro* from head to foot. The room for examination is a large and very stately one, hung with crimson, and at the end opposite the door of entrance is the stage or pulpit for the Rector, over which hangs a portrait of the young Queen of Spain. A row of permanent arm-chairs for the examiners extends from each side of the pulpit towards the door, and at the end of these, between the two rows, is a table and seat covered with red cloth, and upon this the poor wight of a candidate is placed, as a fair target to be shot at from both sides, without even a back or a side to his seat, or a single object to conceal his bashfulness or mortification should some unlucky missile but too sorely wound him.

I had been seated but a few moments when the Reverend Rector, attired in full canonicals, black surplice and gown, lace cuffs and collar, entered and took his chair of state. My watchful guardian, the Beadle, ordered me to rise as he passed, and on my attempting, without further honors, to sit down again, he told me not to sit down until his lordship, *Su Usia*, was seated. When the very Reverend Senior was comfortably composed in his seat, the Dean of the Faculty, Dr. C. V., rang a little bell and called for *los espedientés*, that is, the different papers showing that I had duly taken all the legal steps and formalities *conformé á lo despuerto*, to arrive at the surely not enviable position I was then occupying. Probably the most important of these *espedientés* were the receipts showing that the two hundred and fifty dollars were safe in the coffers of the University, and in the important hands of the punctilious Beadle. I confess that at the first examination all this formality, dignity, ceremony and etiquette, quite surprised and confounded me. Unlike, also, our strictly private examinations, these are free to the public, and a number of the students of the University were present, the door of the hall being wide open. The Beadle, too, lost no occasion of scrupulously demonstrating the importance of his functions ; in the course of the examination, noticing that I used, in replying to the professors, the word *ustéd*, you—the usual very respectful mode of address among Spaniards, he whispered to me, in a low voice, and told me that I must there use the word *usia*, your honor, your lordship. I felt at that moment little inclined to use compliments with anybody. The noise, too, from the street, through the open door, was sometimes almost deafening, and I seated at such a formal distance from my examiners that I several times could not hear their questions at all. However, the hour terminated, as all hours will, but to me it was an excessively long and disagreeable one. It tends, also, not a little to increase your discomfort, to know that the hundred and twenty-five dollars paid to the examiners will be *entirely lost* in case they reject you ; for if they give you another trial some months after, which they sometimes do, *their* fee has to be paid over again in full amount, as anything less than that sum is not considered a compensation for the privilege of being screwed !

The matters touched upon in the examination were of much the same nature as at our colleges, but they were discussed with much more length and minuteness. They examine on everything pertaining to medicine and surgery, except chemistry—anatomy and physiology, theory and practice of medicine, clinical medicine and surgery, materia medica, surgical diseases and operations, obstetrics, and all matters, which are various, that come under the head of medical jurisprudence. Dr. C. V. is the professor of medical jurisprudence, and one of the most accomplished and intelligent professors of the University. I would cheerfully add, too, that he was decidedly the most affable, fair and considerate of my examiners, and this has generally been the experience of all the candidates when he has been one of the Board. A kind look, and a candid, assuring manner in the professor examining, has a wonderful effect to soothe and animate the timid, agitated pupil. This pleasant manner Dr. C. V. most eminently possesses, which cannot be said by any means of all the rest.

The next trial was appointed for the day but one after, Monday, the 15th inst., at half past 4 o'clock, P. M., at the Hospital de San Juan de Dios, where, at the appointed hour, I met the professors, and after examining the medical case which they gave me, we all adjourned to the University, and I there passed another *examen* of nearly an hour. The diagnosis of the case which they gave me was very easy, for it was a young man covered from head to foot with the smallpox, some of the pustules being now in the drying stage. They examined me minutely on the nature and treatment of this disease, and on contagion and infection in general, and took another wide ramble over all the branches of medicine and surgery.

The third and last examination was appointed for the following A. M., at 7 o'clock, to meet the professors again at St. John's Hospital, and be given a surgical case to examine and be examined upon ; and also, should there be a recent subject, to perform some operations upon the dead body. There was no *cadáver* that morning, which circumstance I did not at all regret. They showed me a boy with congenital hare-lip, and a case of fracture of the patella, and after examining these and walking around the Hospital, we went again to the University, where I had a minute examination of thirty-five minutes upon the cases I had seen, and upon a variety of other subjects besides. In the second and third examinations, having recovered my confidence and become somewhat accustomed to their formal mode of procedure, I succeeded much better than in the first.

The last examination being concluded, I was ushered out by Monsieur le Beadle, the door was shut, and the professors went into conclave. In about three minutes the Beadle came out and informed me that I was approved—*ustéd esta aprobado*, which were indeed cheering words after all the harassing formalities and delays, and the ordeal of three rigid examinations, through which I had passed. At the conclusion, I was required to take an oath of fidelity to the Queen of Spain, and obedience to the Spanish laws while I remain upon the island. This was read to me by the Dean of the Faculty, Dr. C. V., standing upon the stage, and here again el Señor Beadle, untiring in his zeal for forms, motioned to me to fall upon my knees while the oath was being read, but the worthy Dean, with great consideration, interrupted the important official, and told me it was not necessary.

On receiving the diploma or *titulo* which they give, you have to pay another twenty dollars into the Treasury of the University; making, with the certification of your diploma, two hundred and ninety-two dollars. In the course of the proceedings you will have to use two or three sheets of stamped paper at half a dollar a sheet, and you will find also, that, notwithstanding the enormous sums which you have paid to the *high* functionaries, the lazy porters at the door will be most vexatiously teazing you for a fee—*alguna cosa para refrescar.* Another dollar to them, together with the letter of domiciliation, will make the whole expenses amount to very near three hundred dollars. Understanding the Spanish language, I did not have to employ an interpreter; if I had been obliged to do so, it would have been an additional expense of fifty dollars, as that is what an American physician now practising here informed me he had to pay.

A few years since, the examinations were a mere form, and almost dispensed with, the payment of five hundred dollars being by far the most important and essential formality. On this old regime I have been informed that numbers of persons quite unqualified bought licenses—apothecaries, barber-surgeons, &c. About two years since the fees were reduced (?) to their present rates, and the examinations commenced in good earnest, and in the month of March just passed the new regulations concerning physicians and surgeons, and all matters relating to them, have been published in a pamphlet form, of which every physician and surgeon is required to have a copy. Perhaps it would be interesting to you to know its title, and one or two of its more important articles. It is called " Reglamento de Medicina y Cirujia Formado por la Subinspecion de Estudios de las Islas de Cuba y Puerto Rico y aprobado por Su Magestad en Real Orden de tres de Enero de 1844." Chapter IV., article 14, says, " No persons can exercise in the Islands of Cuba and Puerto Rico the profession of Medicine and Surgery, nor the branches of Dentist, Bleeder and Midwife, without having the corresponding title given to them by the competent authority." Article 15—" Those who, without a legal title, shall exercise any branch of the healing art, or shall exceed the faculties which their title concedes to them, shall be fined, the competent summary information having been previously given by the local judge, in the sum of one hundred dollars for the first offence, and in default of payment one month's imprisonment; for the second offence, two hundred dollars or two months' imprisonment; and for the third offence, three hundred dollars or three months' imprisonment; with the right, besides, in either of the three cases, in the event of any disastrous result from the illegal practice, to prosecute according to law for the purpose of condign punishment." Article 17 says—"In the same manner foreign physicians must present to the Subinspection of Studies their respective titles, legalized in due form, and prove also the identity of their persons; but this tribunal can in no case license them to practice, except there take place, before the Board of the respective faculty, the proof-examinations and practical exercises prescribed in the 100th article of the general Plan of Studies, and the deposit which is spoken of in the 123d article of the Regulations of the University." So you see that quacks have no chance of success *here*, and the door is narrow and the way difficult and expensive for even regular practitioners of any nation whatever.

I close with something of the same advice as that with which I commenced, to any professional brother about to undertake this arduous enterprise: "Go doubly armed with *patience and money*, for both the one and the other will meet with heavy draughts; and go well prepared for the examination, for a rigid and severe one you may be sure of receiving."

THE UNPARALLELED CASE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is possible that my former communication, which you did me the honor to publish, may have led to the supposition that there existed some personal ill feeling between Professor Bedford and the writer. Now nothing can be farther from truth than such a conclusion. It is doubtful whether the professor ever even heard of my humble self. And as to my knowledge of him, it was confined to the announcement of his being appointed to the professorship of midwifery, &c., in the University of New York, with a notice of his preparations, illustrative of the department of obstetrics, which impressed me favorably; and I thought that the next time I visited that city I might give the professor a call in order to view them. So much by way of introduction.

Now as to the professor's note on Chailly's Midwifery, to which I alluded in my former communication—that a *physician* was called to a woman who supposed herself in travail, and that this physician (who, it appears, had a few months notice that he was thus to be called) said, after making an examination, "that all was right, that the labor was quite advanced, and in a very short time would be completed"—when at the same time, the woman (as appears by the professor's note) was not pregnant, and never had been, that all was *wind*, and that the whole labor ended in its evacuation—I say that this account struck me as the most astonishing and incredible of anything which I had ever seen in medical annals, ancient or modern, foreign or domestic. Had the professor stated that an impostor, an empiric, a nostrum-vender, a quack, a fool, or an idiot, had been present at this unheard-of *accouchement*, I might have passed his statement in silence. But none of this class is mentioned—it is a *physician*. And who or what is a physician? Let our great lexicographer, Dr. Webster, decide, who says he is "A person skilled in the art of healing; one whose profession is to prescribe remedies for diseases." That any person, male or female, who had ever made an examination of a parturient woman, or even ever read a single treatise upon Midwifery, should have proclaimed such a diagnostic and prognostic at this physician is said to have done, may be very comprehensible to some, but I must confess is very incomprehensible to me.

But, Mr. Editor, a writer in your Journal, who signs himself "CYCLOPS," says that "every experienced practitioner could relate a hundred equally culpable examples which he has detected," &c. Indeed! I believe, Sir, that the number of physicians in Boston is estimated at 200, and in New York at 400. Now we will suppose that one half in each city are "experienced," and that will make 300 experienced physicians in those two cities alone, without reckoning any for Philadelphia, Baltimore, &c. &c. If each of these has one hundred "equally culpable examples" to relate, it would make the round number of 30,000 cases. If you, Mr. Editor, can bring out a tithe of these for publication, pray double, triple, quadruple your very interesting Journal, contrive to bring them into requisition, and let us have them. And I will venture to predict, that if your utmost ambition is not already satisfied with the circulation of the Journal (which is, as I believe, now such as to be very satisfactory), the consequent great increase of new subscribers will soon cause it to become so.

I have imbibed the idea that in no country in the world is education so universally diffused among the mass of our population, as in our own; and that the three professions no where else afford so many shining characters as here; although there may be some one or two individuals abroad, in each of the professions, whose superior opportunities have placed him or them upon an over-looking eminence. I was much pleased with the article in your No. for July 31, 1844, entitled "*Medical Literature of the West*," and am of opinion that you have not overrated your subject. When attending the Medical Lectures in Philadelphia, there were about 400 of us who daily assembled in the University of Pennsylvania to listen to the different professors. Among them, no brighter star engaged my attention than one from the *West*; and since his return to his native region, his advancement has not disappointed my expectations. His name is familiar to medical men throughout the United States. In New York and the New England States, the number of the medical schools; the number and excellence of the different professors; the urbanity, intelligence, and superior acquirements of the mass of practitioners in city and country, would, I think, be noticed by any medical visiter from abroad, who was himself a man of acumen and observation. Yet, Mr. Editor, according to your correspondent Cyclops, the number of blunders—and of such before unheard-of blunders as Professor Bedford points out—would exceed the whole number of physicians, professors and practitioners in the North, South, East and West of the United States, a hundred fold. What a parcel of outre beings will we be reckoned, when your No. containing Cyclops's communication reaches Europe! Every man, it is said, is born for something. Cyclops seems to have found out his special province—the defence of a case, and assertion of the common occurrence of similar cases—in which air pent up in the bowels of a female, and wind issuing therefrom, were mistaken for pregnancy, travail and delivery! The person thus deceived is said to be a *physician;* nor is there any designation to distinguish him from other physicians. The imputation, therefore, falls on the medical faculty as a body, and I see no other way for the readers of the note in question to be disabused, than to give up the name of the person referred to, or so to point him out as to prevent foreigners who come among us from viewing us all as reduced to the same level, and each physician who may cross the Atlantic from being pointed at as the very man. As for myself, individually, I have nothing at stake, any more than any one and every one else—the honor of the profession and its professors. To the heads that *guide* our *guides*, we are to look for everything praiseworthy, decent, ennobling to their department, and ornamental to their country. "The raging Cyclops,"* for aught that appears, did not wait, like Falstaff, to be thrust down upon this case, but thrust himself down upon it. This monocular gentleman it would be difficult to make out to be a physician by his written article. Were not the situation of affairs precisely as it is, we should strongly suspect that the case had somehow gotten out of medical hands into those of the legal profession, and that the communication, signed CYCLOPS, was in reality written by one of that sect of lawyers denominated *pettifoggers.* We wish to possess more deference than to advise, where such an act is a breach of good manners, unasked for, and might be considered insolent. Otherwise we might say to him that an acquaintance with the works of Dr. Syntax would be a good remedy in his malady, to which Seneca's morals might be added.

I was, Mr. Editor, about to follow the example of Cyclops in one respect; that is, as he has whispered in my ear, I was about to whisper in yours. But recollecting what one of the fair observed in my younger years, that, *where there was whispering, there was always lying;* and what the wise man saith, that *a whisperer separateth chief friends;* also, that the Apostle places *whisperers* with *backbiters*, and other criminals of the deepest dye, I concluded not. I will therefore speak aloud, and say to you, Sir, that as the last five lines of Cyclops's correspondence with you are in fact an advertisement, in which he announces a new edition of Professor Bedford's work, and where it may be found, with the usual statement of *great sales*, it would be no more than justice to yourself, and equitable to your advertising patrons, to tax him the same amount as your other advertisers.

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* See Milton's Style Imitated, by Mr. Addison.

Since Cyclops has named himself after a ferocious people, who had but one eye, he may still boast of being better off than the totally blind. And such he may *lead* (if he can find those so utterly deprived of vision as to follow him); but not ARGUS.

INFLUENCE OF SMOKING IN PROMOTING DEFÆCATION.

[Communicated for the Boston Medical and Surgical Journal.]

MOST persons are experimentally aware of the influence which smoking exerts upon the alimentary canal in inducing a speedy evacuation of a portion of its contents. Many, indeed, are in the habit of constantly practising it for that purpose, as a substitute for less pleasant medicines.

Let an individual smoke half a cigar in the morning, soon after breakfast, and almost before he has finished, he will feel an urgent desire for an alvine dejection. How is this effect produced? The operation is not such as is produced by a cathartic. It is entirely unaccompanied by pain—and the discharge itself is not loose in its character. Neither is it out of the power of the individual to prevent the dejection. Should he resist the call, or be occupied in such a way as to neglect it, the sensation passes away and does not return until after the same means have been again employed.

Smoking would seem to act as an excitant upon the intestinal canal, producing an acceleration of its peristaltic motions. But how or in what manner this effect is produced, is not very apparent. One circumstance, however, is worthy of remark, and that is the quickness with which the effect takes place.

Tobacco inhaled in the form of smoke is commonly supposed to exert a narcotic agency, and we should suppose that its influence would be rather to allay than to excite action in the intestines. The long-continued practice of smoking, indeed, is said to produce a torpor of the bowels, and habitual constipation. Of the truth of this, however, there certainly may be doubts entertained.

Account for the influence of smoking in promoting an evacuation as we may, or account for it not at all, the fact is certain—and I know of no better way of producing a regular morning evacuation than resorting to this process. Many individuals cling to the habit alone on this account; and when for a time they relinquish it, are troubled with costiveness which requires the aid of cathartics to subdue.

Such individuals will not be very ready to accord their assent to the sweeping anathema of King James, who denounces their favorite habit as a custom "loathsome to the eye, hateful to the nose, harmeful to the braine, dangerous to the lungs; and in the black [King James could not have seen very good tobacco-smoke] stinking fume thereof, nearest resembling the horrible stygian smoke of the pit that is bottomless."

B. B. A.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 21, 1844.

Boylston Medical Prizes.—It will be seen by a reference to the third page of our advertisements, that the Committee on the subject of awarding the Boylston Prizes, have given one to Dr. Samuel Forry, of New York, favorably known to the public by an excellent work upon the Climate of the United States, and as editor of the New York Journal of Medicine; and the other to Dr. Henry J. Bigelow, of Boston.

The subject of Dr. Bigelow's essay is one of great interest to the medical profession, and we trust he may be prevailed upon to give us an opportunity to lay some portion of it, at least, before our readers.

Error in Diagnosis—Enlargement of the Abdomen without Pregnancy.—Dr. G. O. Heming relates the following case in the London Lancet. It is copied on account of its similarity to one lately published by Professor Bedford, of New York, and which has been the cause of a little sharp shooting between two of our respected correspondents.

"In the winter of 1842 a respectable tradesman called upon me, and wished me to go with him to see his wife, about 43 years of age, who, he said, was in labor, and the medical gentleman who was attending her had not left the house for two whole days and nights. Upon talking with the *practitioner* who was attending her, he told me that he had felt the head at first, but that now he could not tell what part presented. I made an examination, and we then went into another room, and I told him that she was not only *not* in labor, but that she was not pregnant, and time proved this opinion to have been correct. She said that she thought herself pregnant, because her stomach and her bosom had lately become greatly enlarged, and she, too, thought she had frequently felt the child, and had been irregular in her monthly periods."

Opening the Abdomen in a Case of Colic.—Dr. Ford, of Nashville, Tenn., was called to a colored boy, recently, whose sufferings were extreme from colic. No relief was afforded by any medicine resorted to. The case was becoming worse and worse, and Dr. Ford, foreseeing the immediate death of the patient unless some speedy exit was given to the wind with which the bowels were distended, boldly cut into the cavity of the abdomen, drew up an inflated portion of the intestine, and punctured it. The boy was instantly freed from pain. When the whole volume of pent-up air had escaped, he replaced the parts, dressed the external wound, and left the work to be completed by nature. On the second day, we are informed, there was a regular evacuation of fæces. No bad symptoms followed, the child was rapidly recovering, and by this time, it is presumed, is perfectly restored to health. An exact statement of the particulars, from the ingenious operator himself, is preparing for the Journal.

Therapeutic Agency of Mesmerism.—Mention is made in a New Orleans paper of a young lady, who, during the mesmeric sleep, had a tooth extracted, without being conscious of any pain. The fact was very astonishing, till it was subsequently ascertained that she had had *sixty-two extracted* before public audiences, to illustrate the wonderful effects of the new science!—A New York paper furnishes the following narration, which is of the same character.

"A mesmerizer at Newark asserted in a public lecture that a man's arm had been successfully amputated at the New York Hospital, while in a state of magnetic sleep, and that a girl had been cured of St. Vitus's dance by a similar application of mesmerism. A student of medicine took the pains to make personal inquiry into the matter. He says, in the Newark Advertiser: 'We visited the Hospital, and ascertained from the medical officers that a number of manipulations had been performed without the least effect in a single instance! The man with a bad arm (who by the way, was *not* in robust health) after enduring the solemn nonsense for half an hour, laughed at his scientific friend, and wished an immediate operation, which he bore as unflinchingly as though magnetized. Dr. S., an attending physician to the institution, and of distinguished reputation, averred that the little girl was under his own care, that the magnetizer had every facility he required, and that after his failure, he was allowed to choose *any subject* in the ward. By agreement he was to call the next day at 11, A. M., a time which, unfortunately, never came, or else he concluded to forget his engagement.' We imagine most of the miraculous cures, announced by the mesmerizers, have no better foundation than this."

Singular Condition of the Nervous System.—A son of Mr. Lewis W. Link, of Green Co., Illinois, nine years of age, was slightly injured six weeks ago, under the right ear, by a cow's horn, which made a wound an inch and a half long. A palsy of the opposite side of the body was discovered the next morning. Although the wound healed readily, the paralysis still remains, but modified in the following singular manner. While sleeping, the lad raises the left hand to his face, moves the fingers, flexes the arm, &c., but the moment he is fairly awake there is a total loss of all voluntary power over the arm of that side. The father has consulted several physicians of distinguished reputation, without having obtained any immediate benefit for the unfortunate child. At present, the douche promises quite as much as any other treatment that has been suggested. A question arises, which we shall be gratified to have answered—how is this condition of the nervous system to be explained? Why can the arm or leg be moved freely in sleep, and not when the boy is consciously awake?

Criminal Attempt at Abortion.—A woman died last week at the House of Industry, in consequence of an attempt made by a noted quack in this city to procure an abortion. Shortly before her death she made a deposition, stating what had been done, and mentioning the name of the quack. A coroner's inquest was held upon her body at the House of Industry, and the verdict was that the deceased died in consequence of drugs administered by Martin L. Peters, for the purpose of procuring an abortion. The drug was given under the name of "French Renovating Pills." A warrant has been issued for Peters's arrest, but, as might be expected, the return has been ***non est inventus.***

Prophylactic Remedy against Ptyalism.—Dr. Schoepf, Professor of the University of Pesth, recommends the following tooth-powder, while administering mercury, in order to prevent salivation taking place. R. Pulv. alumin. exsiccat. ℈ij.; pulv. cinchon. ʒj. m. To be employed by means of a soft brush morning and evening.

Medical Miscellany.—A fatal case of empiricism has lately taken place in Wurtsboro' (N. Y. we suppose), an infusion of tobacco and the entrails of some animal having been, it is said, the active agents in the hands of the quack, whose name was John Hollister.—A writer in the Boston Mercantile Journal relates a case of paralysis of the left arm, which was suddenly cured while the patient was sleeping an hour on the sandy beach at Ipswich, with the paralytic arm covered up with sand in an excavation made for the purpose. Whether the heat or the salt of the sand, or neither, produced the cure, is of course unknown.—The number of deaths week before last, in New York, was 216, the week previous 185. As in Boston and other cities, the excess of mortality is mostly among children. In Philadelphia, the same week, the number was 91.—The health of St. Louis is said to be already much affected by the subsidence of the waters after the late destructive floods.—The very common occurrence of the death of a child by an overdose of paregoric, took place last week in New York.—We learn that the number of students at the Berkshire Medical Institution, where the lectures commenced the beginning of August, is already 142—an unusual large number.—An apothecary in Chelsea, the other day, very considerately gave a suspicous-looking man half an ounce of cream of tartar, instead of arsenic for which he asked. He soon swallowed it, and his life was probably saved by the apothecary's precaution.—The Harpers have in press, at New York, a work "On the Forces which produce the Organization of Plants," by Dr. J. W. Draper, the able Professor of Chemistry in the University of New York.—A Medical Journal is advertised for sale in the London Times of July 31—supposed to be the "Lancet" of that city.

Books Received.—Cyclopædia of Practical Medicine, Part X.—Druitt's Modern Surgery, Ed. 1844. Both from Lea & Blanchard.

To Correspondents.—Dr. Barrett's obituary notice of the late Dr. Page, of Hallowell, will appear next week.—The announcement, by "Surgicus," of a suit for mal-practice in New York State, cannot receive further notice without better evidence of its truth than his anonymous signature.—"Justice," in his remarks on the "newspaper advertisement" by a physician, alluded to a short time ago in the Journal, is undoubtedly right in his views of the matter, but any further editorial action respecting it must be deferred a few weeks longer.

Number of deaths in Boston for the week ending Aug. 17, 47.—Males, 23; Females, 24. Stillborn, 2.
Of consumption, 4—cholera infantum, 8—teething, 4—burn, 1—dropsy in the brain, 4—diarrhœa, 1—scarlet fever, 3—congestion of the lungs, 1—canker, 1—lung fever, 1—fits, 1—palsy, 1—bowel complaint, 3—spasms, 1—cancer, 1—child-bed, 2—old age, 4—worms, 1—peritonitis, 1—inflammation of the bowels, 1—heart disease, 1—infantile, 1—hæmorrhage, 1.
Under 5 years, 29—between 5 and 20 years, 2—between 20 and 60 years, 11—over 60 years, 5.

Creosote in the Treatment of certain Diseases of the Conjunctiva and Cornea.—Dr. Tanesville first used this remedy in diseases of the eyes in 1836, in a case of opacity of the cornea, with ulceration resulting from scrofulous ophthalmia, which was from three to four years' standing. After failing with all the known means, he used a mercurial ointment, with which he incorporated a few drops of creosote, and introduced a small quantity of it between the eyelids evening and morning. This treatment was followed by rapid amelioration. The ulcers cicatrized gradually, the opacity disappeared, and in the space of two months the patient was cured. Dr. T. has since used it with the greatest success in many other cases of acute and chronic scrofulous ophthalmia. He says that he has applied it very usefully also as a topical remedy in several external scrofulous affections, ulcerations of the skin, &c., whence he concludes that it is an invaluable means in all local affections of scrofulous origin. He observes, however, that it should be employed conjointly with a suitable constitutional treatment. Simple cerate may be substituted for the mercurial ointment or fresh lard, and this is indispensable in cases where mercurial ointment cannot be borne by the patients. The use of creosote becomes more requisite in proportion as the disease is more chronic. Dr. H. Tanesville generally uses from ten to twenty drops of creosote to the ounce of ointment, but in protracted cases he exceeds this quantity. If the introduction of this ointment should produce too violent a smarting, it may be moderated by bathing the eye with fresh water or cold milk. One of the most important advantages of creosote, used as a caustic in scrofulous ulcerations of the cornea, is its facility of application. It is sufficient to introduce a small portion of the prepared ointment between the eyelids, and to rub the latter slightly against the globe of the eye, whereas touching the little ulcers themselves with the caustic is a matter of some difficulty in children.—This ointment is very efficacious also in curing inflammation of the Meibomian glands. It is also used with success in chronic vascular albugo, which is often the result of granular inflammation of the conjunctiva. In its simple form it is used only after the inflammatory symptoms have been removed by the ordinary antiphlogistics. In purulent ophthalmia it is employed conjointly with a general active treatment.—*London Medical Times, from Med. Gaz.*

Treatment of Typhoid Fever.—The results as to mortality in the hands of different practitioners have been very remarkable. At the Hotel Dieu, for example, in the service of M. Sandras, the mortality was one in seven ; the treatment consisted almost exclusively in the exhibition of small doses of Seidlitz water by way of purgative. At the hopital Necker the deaths have been but one in twenty, and even one in thirty, if one patient be deducted who came to the house in a desperate condition. The treatment consisted in the employment of emeto-cathartics at the beginning, then purgatives (generally Seidlitz water), repeatedly to the end of the disease ; finally, in the exhibition of mild tonics.—*Bulletin général de Thérapeutique.*

Pills against Incontinence of Urine (Ribes).—Eight grains of alcoholic extract of nux vomica, one drachm of black oxide of iron, mixed together, and made into three-grain pills. Mode of exhibition : three daily.—*London Medical Times.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXXI. Wednesday, August 28, 1844. No. 4.

DISEASES OF THE MOUTH, FAUCES, &c.

From Lectures on the Theory and Practice of Medicine, at University College, London, by Dr. C. J. B. Williams.

Having gone through the diseases of the chest, we proceed now to consider those of the alimentary canal, beginning with the mouth and the *fauces*. The lining membrane of the mouth and the fauces is very liable to inflammation, and we may divide the inflammation attacking these parts, like that of the air-tubes and respiratory apparatus, into the superficial and the deep-seated. The superficial inflammation is accompanied by some amount of redness—some change in the state of the secretion ; first of all, perhaps, there is a deficiency in the secretion, with a feeling of soreness in the part ; afterwards there is an undue secretion, attended, perhaps with irritation and cough, and the taste becomes vitiated.

Inflammation may affect various parts of the mouth. It is, perhaps, commonly seated in the fauces, the tonsils, the uvula, or soft palate, and the root of the tongue. This constitutes one of the common varieties, accompanying catarrh. It sometimes extends to the pharynx, producing painful deglutition. Sometimes the inflammation affects the lining membrane of the cheeks, and the covering of the gums, producing a considerable alteration in the taste, and causing a general soreness in the mouth. When it affects these parts, it is frequently accompanied by little blisters, formed by the effused serum running under the *epithelium*, and raising it up. This is a very common symptom ; sometimes it is the effect of cold, and sometimes of irritation, or slight inflammation, in the stomach.

These catarrhal inflammations are often very transient in their character ; but there are some few cases in which these symptoms become chronic, although not deep-seated. In cases of considerable irritation, there is ulceration, great swelling and soreness, and a disposition in the epithelium to scale off, particularly on the tongue. This is met with in some forms of dyspepsia : a gastric or inflammatory disposition of a low kind ; and sometimes this is very troublesome. This affection of the throat is a common result of exposure to cold, causing a considerable amount of discomfort and fever, as well as other catarrhal symptoms, chilliness, loss of appetite, depression of spirits, and so forth. Sometimes this sort of inflammation descends to the stomach, and dyspepsia occurs very often after an attack of catarrhal inflammation, or sore throat. The treatment should be moderately antiphlogistic: a dose or two of mercurial medicine, antimonials, &c., and if the skin is feverish, saline medicines and a farinaceous diet, confinement to the house, and warm clothing, will suffice to remove the affection in the course of a few days. There are, however, some things in regard to local treatment which it is useful to bear in mind. In inflammations both of the mouth and the throat, there are two classes of remedies, each useful in its way. One is the application of lotions to the mouth, of an astringent or stimulant kind, alum, diluted mineral acids, capsicum, and so forth. The other consists in demulcent lotions, rendered slightly acid or alkaline, or mucilaginous liquors, used frequently to promote the secretion from the part; and along with this may be associated the internal application of hot water with perhaps a little vinegar in it. The stimulants or astringents are chiefly useful at the outset of the affection; some are especially useful when the affection is of a congestive nature, when the fauces are of a deeper color, and when there is a little thickening and swelling. Here, the solution of the nitrate of silver is used to a great extent. If the disease increases, great benefit will result from the use of demulcent, or slightly alkaline or acid gargles: these promote the secretion and bring the inflammation to a termination in that way. The saturated solution of borax in gruel, with *liq. ammoniæ acet.* added to it, answers very well. There are, again, cases of relaxed throat in which the inflammation is submucous and of a low kind, or else it is not inflammatory at all, but merely congestive; under such circumstances, stimulant applications will be of use. We find many very troublesome cases of relaxed throat and tonsils, with the uvula falling down upon the tongue and causing a difficulty in swallowing, projecting, in fact, so far as to irritate the glottis and bring on a cough. These are best treated by stimulant applications: gargles of capsicum, alum, or a decoction of oak bark, or else a strong solution of nitrate of silver. The chronic irritation of the mouth, where there is soreness and a little blistering, is best treated by a solution of borax frequently applied; and if there are any ulcers, they may be touched with a stick of nitrate of silver. These cases are often connected with a diseased state of the stomach, and low inflammation, which has to be treated likewise.

We now come to *deep-seated inflammation.* This attacks various parts of the mouth and the fauces, but most frequently the loose cellular texture of the tonsils and uvula, constituting *tonsillitis* or *angina tonsillaris.* The symptoms are: great soreness of the throat, difficulty of swallowing, pain often felt in the ear; the pulse full and frequent; various disorders of the system; sometimes the secretions are in an unhealthy state; the urine is high colored, scanty, and alkaline. With regard to the physical signs: on examining the throat, you find the tonsils much enlarged, and of a very red, inflamed color; so much enlarged as almost to close the fauces. The uvula is often greatly enlarged, and sometimes so long as to reach the glottis; the prolongation of this organ causes frequent attempts at swallowing, and very often a troublesome cough. There is a difference between the deep-seated and the catarrhal inflammation, that I have been just considering. In the deep-seated inflammation, it is not uncommon to find lymph effused in this form of sore throat. This is a common character with regard to phlegmonous inflammations affecting the cellular texture, particularly of the more acute kind. On the tonsils, you often see patches of a whitish, greyish, or ash color, and on examining these patches, it is found that they are little filaments of lymph, or a substance between that and mucus, giving a fœtid odor; and the tonsils appear at those parts redder than at others. Sometimes there is ulceration, but this is not commonly the case; and when it does occur, it most frequently is situated at the orifice of the mucous ducts on the tonsils. This has given rise to the opinion, that these particles are indications of a sloughy state. They are, however, nothing more than an effusion of bad lymph. The tongue is, at the same time, very much coated with a slimy fœtid mucus, more so than in any other disease.

This affection may end by *resolution*, or by *suppuration;* in some few instances it terminates by gangrene, but not commonly. Resolution, where it is not the result of active treatment, early employed, is accompanied by free secretion, just as I have found in most cases of thickening; where there is a great deal of inflammation and thickening of parts, there must be free secretion from these parts before the inflammation is removed. Suppuration often takes place as the result of tonsillitis, as early as three or four days from the commencement, and is attended by great relief; this is far from being a bad result. The pus is frequently in these cases fœtid. It is a remarkable fact, that though both tonsils are often equally inflamed, the suppuration of one will suffice to remove the inflammation. Sometimes they both suppurate. The causes of this inflammation are chiefly cold; and it is particularly apt to recur in persons who have had it previously. The reason of this is very apparent; a deep-seated disease must work some structural change, and then there is a greater liability to the occurrence of vascular obstruction and inflammation.

The Treatment of Tonsillitis should be antiphlogistic: when the inflammation is extensive, in the catarrhal variety, venesection may sometimes be necessary, in plethoric subjects; but very rarely. With this species, antimonial medicines are useful. Leeches may frequently be applied to the angle of the jaws—the external part nearest to the tonsils; but their application must be carried to a considerable extent, to produce any material effect on the tonsils. The application of leeches is apt to be followed by a great deal of stiffness, swelling and soreness of these parts. But by far the most useful effect is produced by bleeding from the tonsils themselves. It appears an awkward thing to apply leeches to the tonsils, but it may be done without any great difficulty, and the advantages arising from them are greater than those produced by scarification, although the latter is more easily accomplished. Many persons are disgusted at the idea of putting leeches into their mouths. The way to do it, is to take a glass tube of sufficient length to reach down to the tonsils; then introduce a leech, having passed a silk thread through it to keep it under your control, and allow it to crawl down to the bottom of the tube, and let it remain there until the object is attained. When the leech comes out, there will be a good deal of blood exude from the wound, but this also occurs in scarification; the relief afforded by this mode of applying leeches is sometimes very remarkable. If the inflammation of the tonsils continues, and the swelling is undiminished after two or three days, there can be no harm, under such circumstances, in scarifying the parts; this may be followed by gargles of *liq. ammoniæ acetatis*, or *muriate of ammonia*, in gruel, not using astringent gargles, which do more harm than good, where the tendency to inflammation continues. There is, however, an exception to this: and that is where you can see inflammation of the tonsils within twenty-four hours after its occurrence. In some persons, this disease comes on very suddenly; and, in this case, I am persuaded it may be stopped effectually by the application of a very strong astringent. Velpeau recommended the application of powdered alum, in very large doses, in the following way:—Take a spoonful of the powder, and, desiring the patient to hold his head back and keep in his breath for an instant, scatter it on the tonsils, and allow it to remain there as long as possible: this may be repeated two or three times in the hour. The effect of this application is to reduce the tonsils to their natural size, and with them the constitutional symptoms disappear: the chilliness and shivering, previously felt by the patient, pass off. A strong solution of nitrate of silver is likewise greatly efficacious, or the application of lunar caustic. The solution should be strong—half-a-drachm to an ounce of water, or sometimes a drachm, has been used with advantage. The utility of these applications is chiefly confined to the earliest form of the disease; but when the inflammation has gone on to the effusion of lymph in the cellular texture, they do no good, but rather lead to harm. They are useful, however, in cases of relaxation which sometimes affects the deep-seated parts, and causes a great swelling of the tonsils. But there is another affection—hypertrophy of the tonsils, which is not benefited by these strong astringent applications. If the disease has gone on to suppuration, it is desirable to use demulcent solutions and gargles, to clear the throat of the bad secretions that accumulate there. If the fauces are very much affected, and the pus becomes fœtid, it will be often advantageous to add a little chloride of soda, or creosote. Persons are very liable to a renewal of this inflammation, when they have once had it; and, therefore, it is of great consequence to guard against it; this may be done by gargles of cold salt and water, or alum. In catarrhal inflammation, some benefit arises from the application of ammonia and oil to the throat externally; it is a very common, popular remedy.

Enlargement or Hypertrophy of the Tonsils is a frequent consequence of a recurrence of inflammation: it occurs particularly in young and scrofulous subjects, in females previous to menstruation, and who have a certain fulness of habit. This latter form of enlargement may be partially remedied by the astringents I mentioned before: the benefit, however, is but partial, and, comparatively speaking, little good arises. The local applications that seem to be of most use are the iodide of potassium, in a solution of from ten to twenty grains to the ounce. It has been proposed to remove it by cauterization, but I have no experience in the matter, and I think you will find it a troublesome operation.

Aphtha or Thrush.—There is another variety of inflammation to be considered, as affecting the mouth and fauces, and that is the aphthous inflammation or thrush. It is often symptomatic of the state of the constitution, and is very apt to occur in children, in whom it is accompanied by films or patches of lymph, and, in some instances, the epithelium is raised into vesicles by the effusion underneath. Sometimes there is an effusion of lymph external to the epithelium ; and, thus, the symptoms seem to point out this inflammation as something intermediate between the vesicular inflammation affecting the surface,.and that deeper form of inflammation which causes effusion under the texture. Sometimes, with this raising of the epithelium, we find effused a little serum, sometimes a little bad lymph, and sometimes a bad, flaky kind of matter. As the disease goes on, this matter is not only found under the epithelium, but it appears on the surface, so that considerable quantities of it may be scraped off from the mouth, where it has been secreted. It seems to be generally accompanied by gastric irritation, and, in the case of children, there is a similar affection around the margin of the anus. It shows an acrid state of the secretions, generally, from the intestinal canal. In adults, it is a symptom of a very bad state of the constitution, and occurs sometimes in connection with very fatal diseases, as in the last stage of diabetes or phthisis. It is a bad sign, because it is a proof of the combination of irritation of the membranes with a very low power in the cellular textures, and which may be generally referred to the weakness of the constitution. It is a very ominous sign in adults. In children, however, it is of less consequence ; as we see in various inflammations, for instance, of the air-tubes, that they are accompanied by a secretion of a filmy matter, an excess of the nutritive secretion on the surface, so likewise do we find, in inflammation of the mouth, the fauces, and the intestinal canal, an overflow of secretion taking place. The treatment, in children, is very simple : the affection may be relieved by mild astringent applications, such as borax, alum, sulphate of zinc, &c., at the same time that the bowels are kept in proper order by mild aperients, doses of castor oil, and alkalies, occasionally using a warm bath. Where it occurs in adults, it is, as I said before, a bad sign. I have seen it, however, go away under the use of tonics, particularly mineral acids, at the same time that the secretions are kept free. The mouth and fauces may be cleansed, from time to time, by chloruretted gargles.

There is another affection more distinctly occurring in connection with the throat itself—and that is *angina membranosa*, which is an inflammation accompanied by the exudation of a sort of thin pellicle, sometimes like that of croup, but much thinner and slighter, and attended by signs of debility, instead of intense inflammation. The symptoms may be those of catarrhal sore throat, the soreness being accompanied by a sort of redness, which is soon supplanted by yellowish or brownish patches, very easily detached, and very fœtid ; occurring not simply on the tonsils, but spread over a great part of the fauces and lining membrane of the mouth. And this is one of the characters of the inflammation: it is diffused, and, in that, resembles catarrhal inflammation; but it is analogous to the deep-seated inflammation in its products; this diffuseness is sometimes accompanied by suppurative disease, which I have described under the head of "asthenic laryngitis." This affection is apt to occur under an epidemic form, and as a part of the more formidable kinds of scarlatina; the term, *angina*, has been given to this. It is produced under an epidemic influence in bad constitutions. When it assumes the malignant form, it shows itself by eruptions on the skin, generally with fever, which assumes the typhoid form. This species of disease has a tendency to run into gangrene, and in this form a peculiar fœtid odor is given out. Accompanying this affection, if it is of the typhoid kind, the pulse is weak; there is delirium, or a sort of stupor accompanied by wandering, and every symptom of extreme prostration of strength. Sometimes the larynx and Eustachian tubes are affected. This, in fact, constitutes the worst form of scarlatina. In the simple form of fever, there is great redness of the fauces, but in the malignant form they are dark, and of a dusky color. The treatment of the simple affection is both constitutional and local. This inflammation does not appear to be benefited by bloodletting, although it may be accompanied by much swelling. Mercury seems to have some efficacy in restraining it; and, in order to counteract any serious effects arising from it, local applications are of considerable efficacy, particularly nitrate of silver in solution, the strength being about one scruple to an ounce of water. It is also useful to apply the nitromuriatic acid, which diffuses and removes the fibrin; it may be used by a sponge, or by adding one part of muriatic acid to three of honey. The mild tonic treatment is useful after the mercury. In malignant angina, it is sometimes necessary to give stimulants.

In connection with this disease, there is another affection of a dangerous character: namely, a gangrenous erosion of the cheeks. It begins sometimes on the gums, and at others on the cheeks, in the form of a grey, dry patch; and this soon forms a little ulcer, which by-and-by extends completely over the cheeks, and sometimes down to the jaw. In some instances, this affection is merely ulcerous, without any gangrenous slough being produced. It is accompanied by much weakness, and febrile heat of the skin. In other cases, especially in old subjects, it is of a more malignant character, exciting gangrenous patches in some parts, and gangrenous sloughs in others, of a very bad character. The parts become excoriated wherever the matter runs, producing irritation of the surfaces. It is a highly destructive affection in its worst form, and the fever accompanying it is usually of a low kind, with a rapid pulse. This affection is observed to take place particularly in ill-fed children, or those who are brought up in damp places or very impure air. It has been observed to occur as a sequel to fevers and smallpox. The disease has a great tendency to become fatal. There appears to be really something of a poisonous character causing the death of the part which it affects. These sloughs are frequently at the orifices of the salivary ducts, and this suggests the idea that the secretion of the salivary ducts becomes diseased in some way or another, and thus becomes the source of the irritation that is produced. I do not know that any attempt has been made to prove this. Again, when we see it occurring, not as a result of previous inflammation, but coming on in a sudden manner, and without any appreciable cause, one cannot help suspecting the existence of some foreign seeds of disease derived from without. Some diseases are known to arise from a parasitical creature, and I cannot help thinking it very probable that this disease has some such origin. It seems to plant itself in debilitated subjects, and to work the destruction of the weaker parts. I do not see why, unless it be something originating out of the body, it should select the cheeks and the face of the individual. There must be something in the exposure of the cheek to the air, perhaps, that causes a disposition to run into decomposition. (?) The subject is worthy of inquiry.

The treatment consists chiefly in various applications to increase the action of the part ; stimulants should be used from the very first, with strong muriatic acid or nitrate of silver to stop the erosion. The diet should be moderate, and aperient medicines should be given. I should mention, in connection with common inflammation, that the gums often become the seat of this action, showing itself in the form of gumboils, causing, in children, suppuration with a considerable amount of pain and distressing feelings. The treatment should be antiphlogistic : leeches, fomentations and poultices should be applied.

There is another disease, not of such great importance, called *parotitis* or mumps. This form of inflammatory affection is often epidemic and is supposed to be contagious ; it is accompanied by a good deal of temporary inconvenience, and some feverishness and pain. It has but little tendency to suppuration, and subsides in three or four days, under moderate antiphlogistic treatment. The only peculiar thing about it, is that after the swelling of the glands subsides, and the secondary affection of the testicles and the mammæ ceases, on the sudden subsidence of the parotitis, there is apt to be inflammation of the brain. It is of great consequence to keep the parts warm, using fomentations from time to time. There is a diffuse form of inflammation very apt to occur in some cases of tonsillitis, and which becomes very serious, not only from the local injury which it causes, but by the disturbances it creates in some of the organs, producing even temporary deafness. Sometimes, it passes into the ear itself across the temporal bone, and ends in inflammation of the brain ; where it reaches great intensity, it leads to suppuration and a separation of the periosteum from the bone. This form of inflammation is peculiarly dangerous, especially if the fever is intense and does not manifest a disposition to subside. The pain is of a very acute character, accompanied by a beating or pulsation in the head, and generally by a discharge of a purulent nature from the internal ear, and a thickening of its lining membrane. The great object is to subdue the inflammation ; and, if it be intense, this should be done by antiphlogistic measures. Cupping in the neighborhood of the ear is advisable, the secretion being promoted by warm water.—*London Medical Times.*

CASE OF ABDOMINO-INTESTINAL WOUND, SUCCESSFULLY TREATED.

By Andrew R. Kilpatrick, M.D., of Woodville, Miss.

THE following case occurred on the Bayou Huffpower, Avoyelles Parish, La., in the year 1838.

Alfred, a negro man, æt. 47 years, while engaged, 23d August, with a fellow servant in cutting down a large tree, both standing facing each other, the other man's axe flew off the helve in the downward stroke, and with considerable force entered the abdomen of the patient, dividing the recti-abdominal muscles transversely, at the line dividing the left iliac from the left lumbar region, more than six inches in extent; and also dividing the ileum transversely fully eight lines. The whole blade of the axe entered, and it did not fall out till his clothing was removed, when it was followed by nearly a hat-crown full of the descending colon, ileum and jejunum, which were loaded with alimentary substances, melons and seeds. The accident happened at half past 4 o'clock, P. M.; it was an hour and a half before I saw him, at which time he was nearly exhausted with loss of blood and pain. Some stercoraceous matter, shreds and seeds of melons, were passing constantly from the orifice. The intestinal coats and mesentery were highly injected with blood, and there was a dark areola around the wound in the ileum. No part of the omentum was exposed, or visible.

Owing to the gorged state of the alimentary canal, I had considerable difficulty in returning the protruded portion; but after squeezing out some of the contents they passed in more readily than was at first expected. I was particular in retaining the wound of the intestine at the external orifice during the manipulations.

I now proceeded to the dressings of the wounds, and—

1st. Introduced a suture through the lips of the wounded intestine, brought the ends out and secured them externally, so as to keep the wound of the intestine at the abdominal wound to admit the escape of any discharge which might take place, and prevent, if possible, any from falling into the peritoneal cavity.

2d. Closed the external wound with three interrupted sutures, adhesive strips, compress and bandages.

At one time while returning the intestines his pulse was very slow and feeble, but at the time of applying the last dressings it was 65 and regular. He complained very much of the pain and soreness, comparing the sensation to that of a bar of iron of immense weight pressing on the abdomen. At 10 o'clock that night a dose of ol. ricini was given, which was thrown back with a large amount of half-digested food of a disagreeable acid odor—other medicines were given, attended with the same results; the stomach retaining nothing but cold water.

24th.—Rested well during the night. Slight febrile symptoms; no alvine discharge; urine passed with difficulty; no appetite; wound in good condition and discharging pus. At 8 o'clock, A. M., venesect. ℥ viij.; gave small dose of sulph. mag., which was retained with difficulty; applied large sinapism to epigastrium.

Evening. Two small evacuations obtained by glysters; pulse quick and frequent; venesect. ℥ iv.; anorexia; abdomen tympanitic. Ordered small portions of sulph. mag. every half hour and an enema at midnight if there should be no discharge before then; and venesect. if pulse warranted it.

25th. Morning. Rested well last night; two passages; pulse normal; less tympany; wound in good condition, adherent and granulating finely throughout its entire line; sutures all *in situ;* anorexia and nausea; applied vesicatory to epigastrium.

Evening. Three evacuations; much flatus escaped; bowels noisy and in constant motion; pulse 108, full, compressible.

Finding the suture in the intestine loose, I removed it very easily as it had cut through the coats of the intestine. There was no alteration produced in the wound by the withdrawal of this suture; adhesion progressed steadily. Still no appetite; tympany less.

26th. Morning. Rested well last night; one dejection during the night; pulse 80 and full; urinates without pain; took a little gruel.

Although I am averse to prognostics generally, yet I expressed the opinion that the patient would survive the injury.

27th. Morning. Rested well the 24 hours past; several copious alvine evacuations, which contained melon seeds swallowed on the 23d. The wound was in a healthy state, granulating finely and rapidly; tympany almost disappeared.

28th. Evening. Continues to rest well; tongue slightly furred; pulse 68; borborigmy; appetite almost insatiable; adhesions seemed to be nearly thorough.

30th. Morning. Being otherwise engaged, I could not visit him on the 29th. Sleeps well, though weary of the recumbent posture. Felt some pain in the wound yesterday, which was followed and relieved by the discharge of much reddish-brown liquid from the orifice. Accidentally my pocket case of instruments fell on the patient's abdomen this morning, which caused him to move suddenly and flinch, and immediately a vast quantity of fæcal matter, bile, bloody serum and pus gushed forth from the wound in a large stream. I made firm pressure on the abdomen and caused as much to be discharged as possible; air or gas also escaped in bubbles. The abdomen now became flaccid, and the lips of the wound were easily drawn in apposition and thus maintained by adhesive strips. Sutures having cut through were removed; appetite good; pulse 60. No passage on the 29th.

31st. Morning. Much pain in the sore; the above-mentioned fluid constantly passing from it. On removing the dressings consistent fæces were seen lying in the wound. He observed that when he ate thin or watery diet it would escape from the wound in a short time, but if the food was solid it would pass on, stopping a little at the orifice as if hesitating whether or not to pass. The orifice is about three lines across; this was drawn together and secured tightly with numerous adhesive strips, and the roller drawn as tight as could be borne.

September 1st, 2d and 3d.—I determined not to meddle with the wound so frequently as formerly; for no doubt it retarded adhesion and sometimes tore up what had been imperfectly formed. Some watery discharge, but no bilious or fæcal stain; repeated dejections, natural and easy; pulse 60.

5th.—Found him much better, the wound having closed with the exception of a very small circular orifice, through which gas and a very slight portion of fæcal matter had passed.

7th.—He now walks about without suffering any pain, and can sit up several hours in the day; opening smaller.

From this time to the 15th he rapidly regained his strength, and was able at this last date to hoe in the garden. Whenever any flatus collects in the bowels and moves down to the wound, it there stops a little, causing some uneasiness, but by pressing the hand over the part it quickly vanishes.

A furuncule formed under the cicatrix on the 12th, gradually maturated and bursted on the 20th, and discharged a quantity of pus. At this date the cicatrix is complete and much smaller, and neater than would have been supposed.

So this case was safe in less than twenty days from the time of the injury. The thermometer from 10 to 3 o'clock every day ranged from 87 to 93 deg. Fah. He lay for more than an hour and a half with several feet of the alimentary canal exposed to the air, which was becoming dry from the exposure, and irritated by the constant handling of the negro men who were trying to replace it; he had to be transported, in a very inconvenient manner, nearly a mile, to the house, and the thread through the intestine, and his own mental horrors in prospect of speedy death, were so many circumstances most unfavorable to his recovery. Yet he survived all, and was well and useful a few months ago. I am of opinion, from the circumstances and symptoms attending this case, that the intestine has become attached to the peritoneal lining of the abdomen.—*Western Journal of Medicine and Surgery.*

FATAL CASE OF RUPTURE OF THE SPLEEN.

By Wm. B. Herrick, M.D.

In March last, I was called by a coroner to examine the body of J. W., a man of about 40 years of age, robust and muscular, who had previously shown no very marked indications of permanent bad health.

It appeared, from evidence before the coroner's jury, that the deceased had died soon after being engaged in a scuffle with B. R. (a man of about his own size and physical development); that J. W. had received one blow, from the fist of his opponent, upon the left hypochondriac region; that after this, the combatants had clinched each other, and so equal were their exertions for five or ten minutes, that it seemed doubtful which would come off victor; at length, however, the strength of J. W. seemed suddenly to fail. He turned pale, staggered, and sunk helpless upon the ground, complaining of nausea, faintness, and pain in the left side. He was carried, in a sinking condition, a short distance to a house, where he expired, in about fifteen minutes after the termination of the conflict.

A hasty examination of the body, twenty-four hours after death, showed no marks of violence upon the exterior. The cavity of the pericardium contained about two ounces of effused serum. In other respects the contents of the thorax appeared normal. But upon cutting through the abdominal parietes, exit was given to between two and three quarts of dark, partially coagulated blood.

An extended incision brought into view the spleen, enlarged to about five times its natural dimensions, and so soft in texture as to be easily broken down under slight pressure from a finger. Upon its posterior surface was a lacerated fissure of about five inches in length, extending deep into the centre of the organ. Evidently it was from the divided blood-vessels of this torn structure, that internal hæmorrhage had taken place to such an extent as to cause immediate death.

The coroner's verdict was as follows: "Death from lacerated diseased spleen, caused by a blow, fall, or over-exertion, while engaged in a scuffle with B. R." B. R. was tried for manslaughter, and acquitted by the Circuit Court.

From the history of the above case, we learn how very important it is to have thorough *post-mortem* examinations, in many alleged cases of manslaughter and murder. Without the information gained by examination, it is evident that even an enlightened jury might, under similar circumstances, feel bound to bring in a verdict against an unoffending and innocent man.—*Illinois Medical Journal.*

REMEDIES FOR NEURALGIA.

By R. H. Allnatt, M.D., M.A., F.S.A., &c.

In reference to a notice of mine, which appeared some time since in the Lancet, of certain "Remedies for Neuralgia," Mr. Chippendale has courteously mentioned two cases, which he states to have been successfully treated by the application of the infusion of tobacco; and, he adds, "it appears to me that an extract might be prepared from tobacco, which, being mixed with simple cerate, would be a convenient form for frictions."

In the category of antagonist "unsuccessful remedies," recorded by me in my work on "Tic Douloureux," I find a mention of this extract; and I also find that tobacco, in all its forms and modes of preparation—its cataplasms of dried leaves, tincture, infusion, extract—have all been resorted to, at different periods, by the despairing practitioner.

The potassio-tartrate of antimony, also mentioned by Mr. Chippendale, has been often tried, and almost as frequently rejected as useless. Dr. Scott was the first, I believe, to propound this remedy—upon what principle it would be difficult to conjecture; and Magri, following the wake of an empirical practice, applied compresses moistened with a strong solution of tartarized antimony, until redness, approaching to pustulation, had been produced. These two agents, Mr. Chippendale has cited as having been simultaneously employed; the example, I can assure him, is by no means an isolated one; and I cannot but congratulate him for repudiating the doctrine which would enforce the adoption of such heterogeneous, conflicting elements in combination.

In sober truth, *tobacco* was designed for a far less noble purpose than the cure of neuralgia, and Mr. Chippendale will, I am sure, pardon me for stating, that I rather doubt whether or not the cases to which he alluded were, *ipso facto*, anything more than neuralgia *notha*, or a spurious kind of *rheumatic* tic. I can hardly persuade myself that the peripheral pangs of true ganglionic irritation can be appeased by any measure that falls short of at once striking at the root and origin of the evil.

Having now encountered a vast variety of these maladies, in all their phases, in their various complications, and in all stages of their manifestations, from the functional form of a few days' growth, to the hideous organic variety of thirty years; and having, as far as these opportunities have enabled me, searched diligently into matters connected with their history, past and present, and traced the rise and progress of the accompanying pathognomonic symptoms, I have little hesitation in expressing a decided conviction of the truth of the following propositions:—

1. That peripheral neuralgia never occurs as a primary idiopathic affection, but that (independent of organic disease) its invariable source may be ascribed to irritation of the ganglionic centres.

2. That this condition is transmitted by direct communication, irrespective of the laws of "sympathy."

3. That (functional) tic is an affection peculiarly amenable to *constitutional* treatment.

4. That local applications, whether sedative or stimulating, anodyne or *destructive*, are more frequently detrimental than sanative in their operation.

Whilst I am upon this subject, will you allow me one concluding observation.

Dr. Copland, in the last number of his "Dictionary of Practical Medicine," a work which has been applauded by the unanimous voice of the whole profession, states that "Sir Charles Bell and Dr. Allnatt have praised the decided exhibition of croton oil as a *purgative*," in cases of neuralgia. A few words will suffice to explain upon what principle I have recommended the adoption of this agent.

I do not, in the majority of instances, employ croton oil uncombined, or with a view to obtain its purgative effects. In fact, so minute and subdivided are the doses requisite to ensure its remedial action, as to preclude altogether the idea that its salutary operation resides in the power it possesses of producing catharsis. Croton oil is a *specific* purgative; that is, its properties are equally manifested whether externally applied on an absorbing surface, laid over the abdomen in the form of a cataplasm, or exhibited internally. The active principle—the tigline—is absorbed, and is carried by the circulating mass of the blood into direct contact with the disordered tissues. Its *modus operandi* is still a mystery. Colchicine is another agent whose powers we appreciate, but cannot explain; and each, though differing in action, is possessed of specific power.—*London Lancet.*

CASE OF GENERAL ANCHYLOSIS OF THE JOINTS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—There is living, at the present time, in the town of Clarkson, Monroe Co., N. Y., an individual, who has been confined not only to bed, but to one position, for the last eighteen years; being wholly unable to move, even so much as a finger. A few days since, at the request of a friend residing near, I called upon the individual in question—Eli Babcock—and received from himself the following history of the case, which I shall attempt to give in as brief terms as possible.

Is 34 years of age, of dark complexion. Enjoyed almost complete immunity from disease for the first twelve or thirteen years of life—having had, during this period, no other complaint than an attack of worms, and an occasional hemorrhage from the nose. When about 13, without previous exposure to wet or cold, and from no other appreciable cause, was taken with stiffness, soreness, and swelling of one shoulder joint, accompanied with no great degree of pain. In the course of a few days the elbow, wrist and other joints became affected in the same manner; and finally, nearly every articulation of the whole system was found involved in disease. After a time the swelling gradually subsided, but the stiffness and imperfect motion remained, or rather increased, so that, in the course of some eighteen months, almost every joint in the entire frame became firmly fixed, or anchylozed. Says he could walk a little, with the assistance of another person, for a year or so after the disease commenced. Since the end of that time, however, has been perfectly helpless.

In his 16th year had one leg broken from a fall on the floor. Two years after, the thigh of the same side was fractured, merely in consequence of moving him from one bed to another. In both instances, reunion took place without trouble or inconvenience. Had one severe catarrhal attack during confinement; and, with this exception, there has been no apparent disease of any internal organ—but there must have been some material derangement of the assimilating functions, as there is great emaciation.

Present symptoms:—He lies upon the right side, inclining towards the back—wholly unable to assume any other posture; the head is drawn back and turned somewhat to the right; the fore-arms flexed at nearly right angles with the humerus; the wrists bent, and fingers contracted upon the palm of the hand: the thighs flexed upon the pelvis, and the legs upon the thighs. The shoulders, elbows, wrists, hips, knees, ankles, vertebræ—in short, almost every joint—appear to be in a state of perfect anchylosis—even the inferior maxillary, at its articulation with the temporal bone, is fixed, but with the chin so lowered, as to leave the teeth of the two jaws a short distance asunder. Indeed, after a very careful examination, I found but one exception to the general anchylosis—the articulation of the clavicle with the sternum. At this joint there is a moderate degree of motion; and by the action of the muscles inserted into the scapula, this bone, together with the parts attached, can be slightly moved, which is the only exercise the poor fellow is at all able to take.

Pulse about 70, regular and moderately full; tongue nearly clean and moist; appetite good, food desired at short intervals, but in moderate quantities; bowels quite regular, there being, in the general, one evacuation daily, of healthy appearance; skin moist, but of sallow hue. A scabrous eruption occupies the inferior extremities, which has existed some twelve or fourteen years—has been rather troublesome, on account of the intolerable itching. Secretion of urine natural; emaciation extreme; bones of the extremities very small—have probably increased but little in size since the invasion of the disease. Head of the usual adult size; mental faculties pretty well developed; appears as intelligent as persons in general who have had the same advantages. Formerly was in the habit of reading, but unfortunately a few years ago lost the use of one eye entirely, and at present the other is greatly impaired in function. There is no appearance of inflammation, has never been any; no cataract, but a shrinking or wasting of the globe of the eye. Hearing rather obtuse; sense of feeling perfect. Suffers no pain whatever, has never suffered much. Has his food so prepared as to require no mastication—the act cannot be performed.

In regard to medical treatment, I could learn nothing satisfactory. I was told that several physicians had seen the case, but was not informed that any one had ever prescribed. It was said that two or three "*regular root doctors*" had made attempts to cure him. One employed his grease very liberally, but to no purpose—it did not enable him to move a single joint.

Shall we regard this case as one of articular inflammation, terminating in the effusion of lymph and consequent adhesion of the articulating surfaces of the joints? But why so little pain, even in the early stages of the disease?

The above hasty and imperfect sketch, you are at liberty to dispose of as you may think proper. Yours, respectfully, LEWIS HURD.

North Bergen (N. Y.), August 15, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 28, 1844.

Science of Medicine in Missouri.—Wherever the people are intelligent and the sciences which contribute most to the comfort of mankind are in, estimation, medicine has had a prominent place. It is a singular and at the same time gratifying circumstance in the history of all the Western States, that the value placed upon professional acquirements by the first settlers, led to early preparation for institutions of learning. Missouri has not been inattentive to this subject, nor tardy in following out those schemes for public instruction which have given both character and influence to the older parts of the Union. St. Louis, the principal city of Missouri, although in its infancy, commercially considered, has all the elements of a great and prosperous emporium of trade in the western world. The thrift of its inhabitants, their enterprise, and the prevailing public sentiment, concur in giving importance to that beautiful place. Its direct intercourse with every portion of the United States—especially on the line of the Mississippi, which threads its way, unobstructedly, through thousands of miles of country unsurpassed for beauty or fertility—unquestionably influenced the friends of medical science to fix upon St. Louis as an eligible place, above all others in the far west, for establishing a school of medicine. In connection with Kemper College, a medical department was accordingly organized in 1840, the history of which has been heretofore detailed. From the published statistics, the faculty have had reason to congratulate themselves on the success of the institution, and they express, without hesitation, their entire confidence in its uninterrupted success for the future.

Success in any business generally leads to competition ; hence, often, the multiplication of medical schools. Because one was successful in St. Louis, it was a reasonable apology for creating another, with a hope of either eclipsing the first, or dividing the patronage. Let the governing motive be what it may, by some hocus pocus effort a second school has sprung up in that city. Thus in a city of thirty thousand inhabitants there are all the necessary preparations in progress for educating the physicians and surgeons who are hereafter to figure, for weal or for woe, from St. Genevieve to the Rocky Mountains. Time alone can determine whether the policy of the Legislature is a wise one, or not, in granting such facilities for manufacturing practitioners.

A charter also exists for a State Medical Society, but by some oversight it has been gathering dust instead of associates, since the day it was chartered. A disposition has been recently shown to organize under it, to establish a tariff of charges, a police, and such other processes as have contributed at the East in giving respectability to medical societies. Whenever the practitioners can be united under the charter, the avenues to successful quackery will in a measure be closed, and both quacks and patent remedies have a more circumscribed reputation.

St. Louis has many eminent practitioners, but they are becoming too numerous for each other's good. Fees are not large. There are said to be upwards of one hundred physicians, besides irregulars—some of whom are in the receipt of tolerable incomes from practice.

Asthma caused by Ipecacuanha.—Our readers will recollect the several cases which have been recorded in this Journal, of distressing asthmatic symptoms caused by inhaling the powder of ipecacuanha. The following similar case is related in the Western Journal of Medicine, by Mr. S. T. Payne, of Tennessee, a student in the Louisville Medical Institute.

"In filling a jar with ipecac., one day last spring, I incautiously inhaled a portion of it with the air while holding my head over the dust that arose. Very soon I was affected with a peculiar uneasiness in the chest, which caused me to withdraw. This becoming somewhat less, I returned to the operation, but before I had emptied all the article out of the paper the sensation in the lungs grew so distressing that I became alarmed. The symptoms of my case at this moment were similar to those described by practical authors as characteristic of asthma. I had great difficulty of breathing, with a sense of suffocation, a dry, hacking cough, effusion of tears, quick pulse, violent headache, &c. The first thing I did was to take an emetic of ipecac., but I derived no benefit from it. Various minor remedies were tried, but I got no relief till I had blood drawn from my arm, which was done on the third day, when all the symptoms indicated the access of inflammation. I found it necessary to resort three times to venesection, and it was only after the third bleeding that the dyspnœa and other distressing symptoms gave way. Subsequently, by the advice of a physician who was called in, and who pronounced my case a dangerous one, I used with advantage various antispasmodics, lobelia, and the warm bath, and finally recovered in three weeks. Soon after getting about, I had occasion to administer an emetic of ipecac. to a patient, and although I handled the medicine cautiously, to my astonishment and great alarm, I was attacked with the symptoms from which I had just been suffering so severely. They were much milder, however, and continued for a shorter time. I find it now impracticable to handle ipecac. at all, without experiencing unpleasant sensations in my chest. At the time that I was attacked I had not read the report of Dr. Robertson's case, and had no suspicion, for some time, that my illness was brought on by inhaling the ipecac."

Mesmeric Exhibitions in London.—The subject of mesmerism has again been made a prominent topic of debate in London, and the public exhibitions lately given have been attended, as has not always been the case either there or in this country, by those competent to scrutinize and decide upon its claims to confidence as a new science. M. Marcillet, a Frenchman, and young Alexis, were the actors at these exhibitions, and Dr. Forbes, editor of the British and Foreign Medical Review, who has heretofore been inclined to believe in some of the mesmeric phenomena, was, at two of the trials, the principal investigator. He has published a long and minute report in the Lancet, from which we have room to copy only some of his conclusions. After a detail of the experiments, he adds:

"From the whole of the [first] exhibition the following conclusions must be admitted:—

"1. That the whole affair bore the complexion of trickery, or, at all events, that it wanted entirely the precision requisite in scientific inquiries.

"2. That the total amount of positive failures and positive blunders greatly exceeded that of performances having even a color or slight degree of success.

"3. That the failures occurred in cases where the circumstances were such as to exclude collusion and the exercise of ordinary vision.

"4. That all the instances of success occurred where circumstances allowed of collusion or ordinary vision.

"5. That in all of the cases of success such collusion or vision was either proved or rendered extremely probable.

"6. That there was not one single unequivocal example of what is called *clairvoyance*.

"7. That, consequently, this exhibition not only affords not one tittle of evidence in favor of the existence of this faculty in the man Alexis, but presents extremely strong grounds for believing that the pretended power in him is feigned, and that he is consequently an impostor.

"From what I witnessed at this exhibition, and at another where it was pretended that the so-called somnambulist exhibited the faculty of having the phrenological organs excited individually by mesmerism, I am much more satisfied than I used to be in regard to the probable causes of the extensive belief in the wonders of mesmerism. On both these occasions it was clear that many of the spectators were either totally unacquainted with the laws of evidence, or that their enthusiastic temperament, or previous convictions or prejudices, rendered them, for the time, incapable of appreciating, or of being guided by, such laws. They admitted, as positive facts, what appeared to calm unprejudiced observers, not only not facts, but the merest assumptions, unsupported by a tittle of the kind of evidence required in scientific investigations. It was also evident that there was, among such persons, an endeavor to *help* the exhibitor to get at the results proposed, and an eagerness to believe everything without question, and with a proneness of faith unjustifiable, and therefore never admitted, in inquiries of a scientific character. A further source of fallacy existed in the circumstances in which the great majority of the spectators were placed, viz., the utter impossibility, owing to their distance from the scene of action, of their seeing *exactly* what took place, so as to enable them to guard against the possibility of mistakes, misstatements, or collusion. These circumstances, taken in combination with the natural tendency of the human mind to believe rather than to be sceptical, and with the proneness of mankind in general to recollect successful wonders (especially in the way of guessing, divining or prophesying) rather than failures, may, as I have said, help to explain the widespread belief in mesmerism, even if mesmerism should be false.

"In concluding these hurried notes, I think it right to state that even now, I only avow myself a sceptic or doubter—not an utter disbeliever—as to mesmerism. I am still open to conviction, when such evidence of its truth is afforded me as is deemed necessary in any other scientific inquiries. The things I have myself seen most assuredly increase very materially the doubts I before entertained ; still I do not regard them as sufficient to prove the utter falseness of mesmerism ; they prove nothing more than their utter insufficiency to prove its truth. Even the positive proof of trickery and collusion on the part of its professors, however, would afford no sound reason for declaring it to be false. Like medicine, or any other branch of natural science, it may be true, although it be professed and practised by charlatans, cheats and rogues. Give me the same kind of proofs of *clairvoyance* that I have of other scientific truths, and I will believe it."

New York Agricultural Institute.—This Institute has been established for the laudable purpose of elevating the intellectual standing of agriculture; "to constitute that a *profession* which has been hitherto treated as an obscure art." Dr. D. P. Gardner, of New York, formerly Professor of Chemistry in Hampden Sidney College, Va., whose name alone is given in connection with the Institute in the published announcement, has made arrangements to give thorough courses of instruction, the coming winter, at the University of New York, on Agriculture and the Analysis of Soils. The studies of the University will also be open to those who may wish to pursue them. The fees for the two courses mentioned will be $40. Too much encouragement cannot be given to an attempt of this kind, which is but the beginning, it is believed, of what will soon be a leading branch of instruction throughout our country.

Medical Disputes.—The editor of the Philadelphia Medical Examiner, who has recently been engaged in some little controversies with the New York Journal of Medicine and the Philadelphia Bulletin of Medical Science, yet without being, as we have noticed, at all of a quarrelsome disposition, is likely to have his hands full; for we perceive that some remarks of his, in an article on the New Orleans Medical Journal, have given no little offence to some of the faculty at the West. In those remarks he dissented from the opinion, lately often expressed, that a medical education at the West or South was necessary to prepare a practitioner for the treatment of the diseases of those regions. A distinguished teacher and writer the other side of the mountains has published a reply, which is not lacking in ability, though we think unnecessarily severe. The Western Journal also complains of the remarks, and the next No. of the New Orleans Journal may be expected to have something on the subject.

Hereditary Scrofula.—M. Lugol's new work on the causes of scrofula treats at much length on those which may be considered hereditary. "The characters of hereditary scrofula in a family are the existence of the scrofulous *complexion* among its members—the great mortality which is observed in such families, more especially during infancy. These two characters may be studied—in the family itself, in the different branches which originate from the same stock, in the children of different marriages. With reference to parents who procreate scrofulous children, their giving birth to such children may be owing to their original health, in which case either they are scrofulous or affected with pulmonary tubercles; have been scrofulous during their infancy, and have ceased to appear so; have brothers and sisters who are scrofulous;—or it may be owing to an acquired state of health. Thus, syphilitical parents, parents who have given themselves up with excess to venereal pleasures; who are too young or too old; whose age is disproportionate; who are suffering from epilepsy, paralysis or insanity, all give birth to scrofulous children; also the father whose strength is disproportioned to that of the mother. In some instances the disease is evidently transmitted by heredity without the original or acquired health of the parents being such as at first to explain the circumstance. Parents may only show symptoms of scrofula after the birth of scrofulous children. Hereditary scrofula never skips a generation. The hereditary causes of scrofula may be united, in variable number, in the individual. Marriage is the most ordinary cause of the propagation of scrofulous diseases. Scrofula is very frequent among foundlings and orphans. The seeds of scrofulous disease may be transmitted by the nurse to her nursling."

The Influence of Civilization on Disease.—Dr. Marx has recently written at considerable length on this subject. The conclusions at which he arrives are thus expressed :—

"Do we need any more enumeration of diseases in support of the fact, that civilization not only does not increase them, but diminishes and partially eliminates them ? Almost every one of the innumerable ailments to which flesh is heir, affords, when thoroughly investigated in its causes and relations, a new proof this consoling truth. In the same proportion as arts, sciences, morals and refinement advance, so also are the means multiplied whereby human life is strengthened and protected, as well against internal as external foes. True knowledge and true welfare march hand in hand together. The nearer man arrives at the full consciousness and development of his powers, the more surely will he also attain the full harmony of corporeal existence. It can be therefore asserted, with perfect consistency, that knowledge is not only power, but even health. The approach to knowledge is now forbidden to none ; the printing press and the schools afford to every one participation in the highest goods of mankind. And medicine has not kept behind the other promoters of humanity. As its glorious aim has always been to eradicate diseases or to abate their violence, to assist the suffering, to strengthen the healthy, so has it also endeavored more and more to make its truths the common patrimony of mankind, and the undeniable evidence of civilization."

Restoration of the Nose.—By a little management you can supply not only portions of the nose, but the greater part of it ; and notwithstanding all that has been said about this operation—this piece of decorative surgery—a nose made of real skin is more comfortable to wear, I should think, than an artificial one made of pasteboard, or metal, or putty, or anything of that description. The instrument makers contrive a thing attached to a spectacle frame, a sort of paper nose, but this is always very awkward. You cannot, to be sure, make a nose quite so handsome as nature does, but you may so supply the deficiency that a man will not be much noticed on the street. He may not be able to take snuff very well, but that objection equally applies to a paper nose.—*Liston's Lectures.*

To Correspondents.—Dr. Dixon's remarks upon operations on the eye, and a brief and final reply to "Argus" by "Cyclops," will have an early insertion.—We are informed that an obituary notice of the late Dr. Page, of Hallowell, has been prepared for the Journal by a near relative, and will soon be forwarded. The one acknowledged last week will therefore be deferred till this is received.

Died,—At New Ipswich, N. H., Dr. Henry Gibson, 25.

Number of deaths in Boston for the week ending Aug. 24, 59.—Males, 32 ; Females, 27. Stillborn, 1.

Of consumption, 8—scarlet fever, 7—dropsy in the brain, 7—drowned, 1—cholera infantum, 4—suicide, 1—accidental, 3—quinsy, 1—bowel complaint, 3—congestive fever, 1—inflammation of the bowels, 1—teething, 3—complication of diseases, 1—apoplexy, 1—debility, 1—lung fever, 1—infantile, 4—delirium tremens, 2—disease of the kidney, 1—disease of the liver, 1—stoppage in the bowels, 2—dysentery, 1—croup, 1—palsy, 1—cholera morbus, 1—disease in the ear, 1.

Under 5 years, 35—between 5 and 20 years, 3—between 20 and 60 years, 17—over 60 years, 4.

New Method for Operating in Hare-lip. By M. MALGAIGNE.—However ably, says M. Malgaigne, the operation for hare-lip may be performed, there always remains on the median line, near the free margin of the lip, an ugly depression. Several methods have been proposed to remedy this imperfection in the operation, among which may be mentioned the operating by two curved incisions, but they have all failed in effecting the desired improvement. M. Malgaigne, therefore, proposes the following plan:—The paring is commenced from above, and carried downwards. It may be done by the scissors in the same way as the ordinary operation; only when the operator has arrived so low that but a small pedicle remains, he stops. The same plan is followed on the other side. Thus two small flaps are formed, which merely adhere to the lip by their pedicle. After uniting with pins the two sides of the labial division in its entire length, except at the lower extremity, the small flaps are turned downwards and placed in juxta-position. The surgeon having formed his opinion as to the length which they ought to retain in order to form a substitute for the natural median prominence, then shapes them as he thinks fit, conserving a greater or less portion, according to the extent of the deficiency which he has to supply. He then completes the reunion by uniting the two flaps by means of a suture or two, or a very fine insect-pin. If the pin or suture is placed very near the free edge of the lip, the cicatrix subsequently appears scarcely visible.

This operation has been twice performed; once by its author, a second time by M. Guersant. M. Malgaigne states that in his case the operation was perfectly successful. In M. Guersant's the median tubercle appears to have been rather too large. M. Auguier proposes to use the scalpel instead of the scissors.—*Journal de Chirurgie.*

A new Form for Blue-pill.—A correspondent of the "Pharmaceutical Journal" suggests the following form to supersede the ordinary blue-pill:—

Take *stearine*, one drachm; rub it in a mortar until it assumes the consistence of cold cream: then add, *mercury*, four drachms; rub it until reduced, and add, *confection of roses*, three drachms; *fine wheat-flour*, three drachms; *gum arabic*, one drachm. Mix. These, he says, form a superior blue-pill in every respect.

National Vaccine Establishment.—The last report of the National Vaccine Establishment states that the metropolitan mortality by smallpox during the last year (which has been remarkable for the severity of its epidemic maladies), has been estimated as low as 438, whereas by measles alone 1400 lives have been lost. The charges of lymph distributed during the last twelve months were 158,494, a number exceeding that of the former year by 31,000 and from which 85,550 cases had been reported as vaccinated. Staff-Surgeon Hall, at St. Vincent's, West Indies, has succeeded in propagating the true vaccine vesicle from lymph supplied by the National Vaccine Establishment in the islands of St. Vincent, Trinidad, Tobago, St. Lucia, Dominica, Antigua, and St. Kitt's. The board has also sent a large supply of vaccine lymph to Hong Kong, from the use of which it anticipates the extinction of the smallpox in the Chinese Empire, long so dreadfully ravaged by that disease.—*London Lancet.*

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DISEASES OF THE ALIMENTARY CANAL.

From Lectures on the Theory and Practice of Medicine, at University College, London, by Dr. C. J. B. Williams.

WE now come to the consideration of the *diseases of the alimentary canal*, beginning with inflammation; and perhaps it will be better to commence with the intense forms of inflammation, previous to considering the functional diseases. As to the varieties of inflammation, they are distinguished by the rules which we have already laid down, when treating of inflammations of the air-tubes, and the same divisions of phenomena may here be made: that is to say, the superficial and the deep-seated. This distinction was made by Cullen, who divided the forms of gastritis into the *erythematica* or superficial, and the *phlegmonodea* or deep-seated. This definition, however, of the two diseases, does not appear the most exact, and his description is somewhat loose and faulty.

Thus, we know that there is frequently severe pain, with a considerable amount of fever, in the erythematic forms of gastritis; whereas the phlegmonous form is often accompanied by little pain and no fever. Divisions have been attempted by modern physiologists, who have given us several varieties of this disease. Among these, we may remark the *diphtheritic gastritis*, or that form which is attended with the secretion of false membranes; *follicular gastritis*, affecting the follicular apparatus, and which more especially corresponds with the erythematic form of Cullen; and, also, that variety accompanied by *softening* and a tendency to *gangrene* of the textures. All of these may be acute, sub-acute, or chronic. I do not think, practically speaking, we can establish these distinctions, with regard to adults, but in children several of them are to be distinguished after death. I am content, therefore, to divide gastritis into the *acute* or *intense* form which involves all the textures, and the *sub-acute* species, which may be regarded principally as functional. The one is accompanied by considerable derangement and mischief, while the other is but superficial, and corresponds with the catarrhal variety of inflammation in the air-tubes.

I shall consider, first of all, that acute form of gastritis, which chiefly occurs with dyspepsia, and is commonly known under the name of gastritic dyspepsia. This may not be the most precise or scientific mode of describing it, but it is the best for this reason: that it is more allied in its symptoms, and is apt to occur in many cases, with some forms of dyspepsia. This acute form of gastritis is also found to occur as a consequence of poison introduced into the stomach, and so forth. Acute or intense gastritis is commonly accompanied by pain, beginning frequently like cramps in the stomach, or a feeling of burning, attended by ardent thirst, with a particular desire for cold and acid drinks; generally, too, there is great nausea, and eventually obstinate vomiting. In the early stage, sometimes, there is vomiting of blood. The pain in the stomach is increased by warm fluids; there is extreme tenderness at the epigastrium, where a throbbing is often felt from the action of the neighboring arteries, and a determination of blood. The fever is commonly inflammatory, but this will depend on circumstances; and, in some instances, especially when excited by poisons, it becomes of a typhoid character. Poisons are of themselves depressing; but, independently of this circumstance, where there is a good deal of inflammatory fever at first, there is soon a corresponding amount of depression. The pulse, at first strong, soon becomes weak, frequent, and sometimes intermitting; there is extreme anxiety and restlessness; a great degree of distress and discomfort, and almost agony, depicted on the countenance. At times there is a chilling sensation. The tongue varies in its appearance; sometimes it is florid and dry, and, in other cases, red and glazed; this is more common in the chronic form. If the vomiting continue, there may be blood thrown up with alimentary substances, or a mucous and slimy matter, and there may even be regurgitation from the duodenum into the stomach. There is great agitation, some dyspnœa, and tormenting thirst. In some cases, the abdomen becomes tympanitic, and a gradual sinking takes place. Frequently, before sinking takes place, a considerable calm occurs in the symptoms; the irritation subsides, the patient appears to be in a state of extreme exhaustion, and the pulse becomes intermitting and extremely weak; the surface cold, and the skin collapsed. It sometimes happens that the symptoms are disguised by delirium: the patient does not complain of severe pain, but there will be considerable uneasiness manifested on pressure at the epigastrium. The bowels are generally costive in gastritis, but not so obstinately so as in enteritis.

The exciting causes of intense gastritis are: various circumstances producing severe irritation of the stomach. Drinking cold liquids, after exhaustion by heat, has been known to produce it. A former attack predisposes to a recurrence of the disease, upon exposure to cold. An undue quantity of food, or food of an improper nature, taken into the stomach, is sometimes followed by gastritis. Acrid or corrosive poisons will also cause it. Gout is sometimes followed by gastritis. Suppression of the urine is likewise accompanied by a very fatal form of gastritis; but I do not think it is quite right to consider this under the head of gastritis in general. The gastritis that occurs here is accompanied by violent vomiting, and the symptoms of inflammation are very intense; but as we shall find, by-and-by, this is rather connected with the non-secretion of the urea through the kidneys. The irritation sometimes is in one part, and sometimes in another, in intense gastritis. This disease sometimes follows a sudden shock or mental emotion. Some febrile diseases, too, produce peculiar irritation of an intense character in the stomach. Erysipelas is accompanied by violent vomiting, intense thirst, and all the other symptoms I have described.

Duodenitis, or *inflammation of the duodenum*, is frequently combined with gastritis; and, when severe, it is attended by pain in the right hypochondriac region, and the liver becomes involved in the disorder. Duodenitis is a frequent complication of gastritis, and then, besides the tenderness in the epigastrium, and in the hypochondrium, there are symptoms of fulness in the liver, and jaundice often supervenes. There is usually, under these circumstances, a great exacerbation of all the symptoms in consequence of the interference with the free secretion of the bile. This imperfect secretion of bile is manifested not only by jaundice, but by the stools passing of a clay color. With this complication of gastritis, there is often delirium and coma. There is sometimes, too, in these cases, an apparent vomiting of blood or black matter, like coffee-grounds, in considerable quantities; and this is apt to occur especially when the duodenum is involved. Duodenitis, occurring in connection with gastritis, is a common cause of acute attacks of jaundice, unconnected with organic disease. In these cases there is an extension of inflammation to the liver itself, or it may be probably only to the ducts, preventing the discharge of the bile. This may lead to the absorption, and even obstruction and partial suppression, of the secretion. The great reason why gastritis is usually accompanied by disease of the liver, is found in the intimate vascular connection between these two organs, and which thus causes a derangement or disturbance of all the functions.

Before noticing the treatment of this disease, I must advert to deep-seated inflammation of the other small intestines, the *jejunum* and *ileum*, constituting intense *enteritis*. This sometimes occurs in connection with gastritis, in consequence of the effect of poisons; when the disease is excited by irritating poisons, the stomach is often inflamed in the first instance, and the intestines afterwards; or it may be that the symptoms present themselves simultaneously. Perhaps, the most remarkable feature of enteritis, in connection with gastritis, consists in there being no vomiting, although there may be nausea. There may be an immediate increase of pain and discomfort on taking food or liquids, anorexia, thirst and feverishness, with the same kind of extreme pain and tenderness, but it is differently situated. Instead of being confined to the epigastrium, it extends down to the umbilicus, and towards the iliac region. There is, sometimes, tenderness when the pain is not very severe. The pain is at first rather of a spasmodic character, not constant; but, as the disease goes on, it becomes more constant, and less spasmodic. Diarrhœa is not common in the intense form of enteritis. When the disease continues long, it is accompanied by all the symptoms of prostration, as in gastritis: the features become contracted, and the countenance exhibits great anxiety and distress; there is extreme weakness, with an indisposition to move: the movements of the body producing some amount of pain, though perhaps not so much as in peritonitis. Obstinate constipation occurs very commonly, and perhaps it is the most common cause of enteritis that can be mentioned: a neglected state of the bowels, causing irritation to be long kept up by the accumulation of fæces in them, is one of the most common causes of enteritis. The severe attacks are often the result of long-continued inflammation. The slight forms of enteritis—gastro-enteritis—are commonly accompanied by diarrhœa. When the inflammation extends to the colon, there is diarrhœa accompanied by a peculiar kind of bloody stools. On the *post-mortem* examination of persons who have died of the acute form of gastro-enteritis, we find various signs of inflammation, according to the especial part affected. Thus, the redness may be diffused, or confined to the punctated or dotted form; or else it may be limited to the follicles, or more particularly to the isolated glands in the duodenum and the ileum, and also in the jejunum. Here, it presents a striated, arborescent appearance, as opposed to diffused redness. Dr. Hope gives a case in which something of the same kind followed the use of tartarized antimony, where the patient took as much as twenty-four grains. It is well to bear in mind the effect of some drugs, and not to use those remedies in such large doses as some adopt. The redness, which is excited by inflammation, is either the striated or punctated form, and occupies chiefly the small intestines. It is seated in the large vessels as well as in the smaller ones, and is often connected with congestion: and, in distinguishing between congestive and inflammatory redness, you are to take into consideration any previous or exciting circumstances which may have occurerd. Generally speaking, the redness of congestion is deeper and more diffused than it is in gastro-enteritis. The redness continues long after death; and exposure to the air causes it to assume a sort of bluish-red tint.

Softening is another effect produced by inflammation, excited by the action of poisons. But there is a softening which may be produced independently of inflammation, arising from the action of the gastric juice after death, and, in many instances, I am confident it has been mistaken for the effects of inflammation. This softening is of a chemical character; with the softening of the stomach, there are also found flakes of matter in the intestines, and this is a proof of chemical action going on. Softening may be considered to be inflammatory, where it is accompanied by positive vascular redness, of a punctated or striated appearance, and by ulceration; and if it is accompanied by thickening of the coats, that is another indubitable proof of inflammation. Pus is rarely found between the coats of the intestines and the stomach. Sometimes abscess of an adjoining part makes its way to the stomach; but the intestines and the stomach themselves are but little liable to suppurate. In a few cases, a coating of lymph is found on the lining of the intestinal canal, commonly in young subjects, connected with the aphthous or diphtheritic form of inflammation; this is usually seated in the lower parts of the canal, occasionally in the ileum. I saw a case of this kind in a person who died of scarlatina.

Ulceration is not a common result of the form of gastritis I have been mentioning. Gastro-enteritis is usually a membranous inflammation. and does not tend to ulceration, which is found more commonly in connection with disease of the glands, occurring in combination with some forms of fever and phthisis. Where, however, obstruction has taken place for some time in the intestines, the parts affected may become ulcerated. These ulcerations present various forms; greatly elevated patches, with depositions of lymph around them. Sometimes, portions of the intestines become sloughy, and under these circumstances perforation takes place. In the ulceration met with in fever, where the follicles become involved, it occurs either separately or else in patches; the glands become affected, frequently, in the form of oval patches. The effects of inflammation occurring in this form, are frequently intussusception and gangrene. It often happens, in connection with enteritis, that one portion of the intestines becomes invaginated within another which embraces it; the effect of this is to produce a sort of strangulation. Both these parts being under the influence of inflammation, it becomes very intense at this spot, and extends even to the serous coat, or peritoneal lining, on which a layer of lymph is deposited. Many cases of this kind have been mistaken for gangrene; when the circulation is obstructed in the intestine, and blood has accumulated in it, it will undergo a change from red to a dark purple, and then to a bluish green, or livid color, so that it presents very much the appearance of gangrene. In some instances, however, gangrene is actually present, and this is manifested by matter working down under the membrane, of an extremely fœtid odor. In putrid fever, there is generally discoloration of the intestine, which has often led to its being regarded as gangrenous; therefore, it seems that discoloration may take place to any amount, independently of gangrene. A mode in which enteritis often proves fatal, is by permanent obstruction taking place: the symptoms pass from irritation to those of collapse: the patient becomes more and more feeble, but free from pain, and all the symptoms, so distressing in the first instance, probably subside; the pulse remains in a sinking state, and the patient dies. Sometimes, this occurs from the loss of the vitality of a portion of the intestine, through the intensity of the inflammation.

In the *treatment of gastritis*, we must bear in mind the cause that produces the disease. If it is from poison or improper food, the first indication is to remove this; to neutralize the poison, or to use measures to evacuate the stomach as speedily as possible. In the case of acrid or corrosive poisons, the stomach pump should be used, because it injures the stomach less than any attempts to excite vomiting; and there is this advantage in the use of the stomach pump, that it can be made the means of exhibiting the liquid containing the antidote, and the stomach can be washed out, as it were, by various antidotes adapted to the particular kind of poison. Cold water is generally passed with magnesia or vinegar. After this, will come emetics: sulphate of zinc is better than sulphate of copper, given in a large dose, and with a good deal of liquid, and other matters of a nauseating kind, such as soap mixed up with oil. If the poison has been present some time, you must remember that its removal does not suffice to eradicate the disease; and if gastritis has been the result, that has to be treated. With regard to the treatment of intense gastritis, if the symptoms are severe, attended with fever, general depletion may be employed, if the patient can bear it. This may be done, even though the pulse may be weak and thready; but in this, as in all other inflammations, general depletion is of less avail the longer it is delayed. And when the patient has become greatly prostrated, depletion not only does not afford any relief, but, on the contrary, produces much greater depression. Local depletion must be considered on a par with general depletion, in gastritis. Leeches in large numbers applied to the stomach, with a large poultice or fomentations, are useful; this may be repeated until the severe pain is relieved. If the sickness is not removed by these means, we may administer hydrocyanic acid, with a little aperient and saline medicine. If the bowels were active previously, one of the best means of removing the sickness, is a pretty large dose of calomel, or two or three doses repeated; from three to six grains of calomel, with the same quantity of extract of conium or henbane, may be given; and this frequently has the effect of removing the sickness and relieving the bowels. Much has been said against this mode of treatment, in consequence of the irritating effect of calomel applied to an inflamed stomach; yet experience proves to us, that the irritation is far less than the relief given. The peculiar effect of calomel, in increasing the secretions, must here be taken into account, as greatly enhancing the value of the remedy, in spite of the irritation which it causes. In order to relieve the feeling of intense thirst, as well as the vomiting, it is useful to give acidulated drinks so as to cool the stomach. The feelings of the patient must guide us in this, for sometimes they increase the pain, and are not advisable. When the bowels have been pretty well opened, it is requisite to evacuate them from time to time, by injections of castor oil, in order to clear out the lower part of the canal. When the severe symptoms of inflammation are subdued, and there is merely some feeling of uneasiness left, particularly after taking drinks or liquids of any kind, a good deal of benefit arises from the use of alkaline or saline solutions with a little hydrocyanic acid, and a small quantity of carbonate of soda. It is necessary, during recovery, to give, from time to time, small doses of mercury to keep up the secretions from the intestinal canal. In cases of intense gastritis, it is necessary to give, not only calomel, but antiphlogistics generally. This is, however, equally necessary in deep-seated enteritis.

In case of gastro-duodenitis with jaundice, after the first inflammatory symptoms are subdued by depletion, it is necessary to remove the hepatic irritation, and the obstruction; for the liver is here generally disordered also. Now, besides local depletion, and mercurials, it is particularly useful to employ antimony, especially James's powder, when the liver is in a state of irritation. It is sometimes even preferable to mercury, which, with some habits, stimulates the liver to too great an extent, and does harm; antimony tends more to restore it to its proper action; mercurials, when given, should be of the mildest form; generally speaking, blue pill and quinine, with James's powder, and mild salines, form the most beneficial combinations.—*London Med. Times.*

THE CHARITY HOSPITAL OF NEW ORLEANS.

From the Travelling Letters of Daniel Drake, M.D.

I come now to that public charity which is at once an honor to the city and State to which it belongs, and a blessing to thousands of the people of the United States and of Europe.

From Martin's History of Louisiana it appears, that a hospital was founded by Jesuits and Ursuline nuns, in the year 1727. It was under the care of the latter, and especially designed for the military. It was placed near the nunnery, at the corner of Chartres and Bienville streets. Subsequently, according to the "Historical Epitome of the State of Louisiana," p. 323, there was a wooden hospital building for indigent persons, on Rampart street, between Toulouse and St. Peter streets, which was blown down in 1779.

An account of what followed for the next 30 years is condensed into a note to "Bullard and Curry's Digest of the Laws of Louisiana," and is as follows:

"The Charity Hospital was founded by private donations until 1786, when a new building was erected by Dr. Roxas, and completed in 1786, at a cost of 114,000 dollars, and was called the 'New Charity Hospital of St. Charles.' The munificent founder furthermore endowed it with an annual revenue of 1,500 dollars, from the rents of stores, at the corner of St. Peter and Levee streets. It continued under the patronage and direction of the family of its founder and beneficent donor, until the 20th of February, 1811, when by an act of the Legislature of the Territory, it was made the duty of the Corporation of New Orleans to compromise with the patron of the Hospital of Charity, and establish it on a plan more perfect."

In 1814 an act was passed creating a Council of Administration, of which the Governor of the State is *ex-officio* the president, to manage all its affairs; since which a Vice President has been created. Two of the administrators visit the institution at least twice a week. By this act, every public ball and concert was to pay 10 dollars into the treasury of the hospital; and every theatre to give it four benefits a year. By the same act, the Governor was instructed to write to the Governors of the several States bordering on the Mississippi and Ohio rivers, soliciting subscriptions for the enlargement of the building. To this call the State of Pennsylvania nobly responded in 1817, by appropriating 10,000 dollars, but the other States remained silent. 1818, the Legislature directed the sale of the edifice on Canal street, the purchase of a new site, and the erection of a more extensive and commodious building, which was accordingly done, at a cost of about 150,000 dollars; and the patients were transferred to it in the winter of 1833–34. In 1837, the Legislature ordered, that the net proceeds, received into the State treasury, from all forfeited bonds and recognisances, and all fines in criminal cases, and for contempt of court, should go to the Hospital; provided that more than 40,000 dollars should not be paid in one year. Notwithstanding this, it became necessary, in the very next year, to authorize the issue of State bonds to the amount of 100,000 dollars for the relief of the institution. By the same law, the four benefits from each theatre was commuted for 500 dollars per annum; each circus was taxed 100 dollars, and each show 50 dollars. In 1840, 40,000 dollars were appropriated out of the State treasury, of which 15,000 were to be applied to general objects, and 25,000 dollars to the erection of a lunatic asylum, for the State, on the same square with the Hospital. Subsequently, another law, levying a tax on all passengers arriving in the city, promised to render the revenues of the establishment sufficiently ample; but after a year its constitutionality was contested, and it is at present unexecuted. Such is a historical outline of the efforts of the State, for establishing and adequately endowing this noble public charity, as I have collected them from the Digest of Laws quoted above, and from the printed reports of the administrators. For a notice of the edifice itself I will depend on the "Historical Epitome," the general correctness of which I can avouch.

After mentioning that it stands on the square, bounded by Gironde, Gravier, St. Mary, and Common streets, this work says:—"The New Charity Hospital, so called, is a building of great size, being about 290 feet in its total length, and three stories high. It is composed of a *corps de loges* in the centre, 116 feet front by 76 in depth, connected by the main building to the two wings, all three projecting in front and rear from the main edifice. The principal entrance, from Common street, is under a Doric portico, which covers the lower story of the *corps de loges*, into a spacious hall, intersected at right angles by another, running lengthwise the building on which the wards open. From this hall, access is had by broad stairs to the upper stories, which are similarly divided, and thus to the cupola, from which there is a magnificent view of the city and its environs." Within the building there are accommodations for the house-physician and six students of medicine who wait upon the sick; an apothecary and his shop; and eighteen or twenty sisters of charity. There are also two chapels, one for Protestant, and one for Roman Catholic worship. The edifice is designed to accommodate 540 patients, but during epidemics a much larger number have been admitted.

I must now come to the inmates of this capacious establishment, the average annual number of which, for the last fourteen years, has been 4,576, or 64,034 in all, as is shown in the tables published by the Administrators.

Of the great aggregate, but 625 were natives of Louisiana; many more were citizens of New Orleans by naturalization. Formerly the registers of the Hospital did not distinguish between recent and old emigrants, but lately that has been done, and the two last annual publications of the Board of Administration, distinguish those patients who have been in New Orleans less than three years, from those who have been longer there. Nevertheless, this is not very exact, as the distinction relates to natives of Louisiana, as well as other States and foreign countries; but the number of persons born in that State who migrate to the city is not great. In 1842 and 1843, the number of patients admitted into the Hospital was 9,421, of which 7,348 had been in the city less than three years. If we apply this ratio of about 78 per cent. to the number for 14 years—64,034—we have 49,944 persons resident less than three years in New Orleans, relieved at the Hospital within that time. Of the foreigners, 50 per cent. have been Irish, nearly 14 per cent. German, 10 per cent. English, and something less than 8 per cent. French. The remaining 18 per cent., from various countries. New Orleans is at once the paradise and the grave of the half-civilized Irish. Warm-hearted, gregarious, social, sensual and reckless—fond of his shovel and his bottle, and cast upon a spot where the former is in demand and the latter within his reach, the generous-spirited Hibernian, on the mud-banks of the Mississippi, soon forgets the green hills of his native Shannon, and revelling for a brief space of time amid luxuries more abundant than he had ever dreamed of, is sent to the Charity Hospital, whence he is transferred to fertilize the soil which but a few days before he might have been gaily up-heaving. But I must return from this rather inappropriate flight of fancy to our statistical tables.

Of the natives of the United States admitted, during 14 years, the following, 8,644, were from States lying in whole or in part within the Valley of the Mississippi:—Pennsylvania, 3,281; Virginia, 1,541; Kentucky, 943; Ohio, 910; Louisiana, 625; Tennessee, 614; Indiana, 284; Missouri, 185; Illinois, 126; Mississippi, 118; Arkansas, 17.

Of this number, less than 12½ per cent. are natives of Louisiana. Now, I will ask, is it either just or generous, that the support of a hospital, so extensively occupied by the citizens of other States, should devolve entirely on Louisiana, especially when but few of her citizens are found in the infirmaries of the States which crowd the wards of her own? It may be replied, that her commercial emporium is built up by the voyages which are made to it from those States; but to this it may be answered, that it is those voyages which advance the prosperity of the people who make them, and that the commerce which they sustain is reciprocally beneficial. To my own mind, it is a manifest duty of the States interested in the trade to New Orleans, to make occasional or annual appropriations to the support of the Charity Hospital, according to the average number of their citizens, respectively, admitted into it.

I have another fact which goes to show how small a proportion of the patients of the Charity are residents of the city. It is the great number of men compared with women. In 16 months, being the whole of 1841 and part of 1842, 4,743 patients were admitted, of which 4,050 were males, and only 693 females. This disparity could not happen in an indigenous population, and shows that New Orleans is sought out by a vast number of the men of the States which dip into the great valley.

On the average number of patients in the Hospital I have not much to say. At the end of February, 1844, there were 348, of March 495, of April 326, of May 316, averaging 346, in the healthiest portion of the year. Of course the number is much greater in autumn.

I have not time to analyze the registers of the Hospital so far as to give you a view of the diseases of its inmates, but will select autumnal and yellow fevers, as of deepest interest.

Autumnal Fever.—In 17 years, from 1825 to 1843 inclusive, there were admitted, with various kinds of autumnal fever, 13,300 patients, or 782 annually. Of these 654 died, making about the ratio of 491 in 10.000. In four years, ending with 1833, 2,724 were admitted, of whom 174 died, or 639 in 10,000. In the four years ending with 1844, 4,478 were admitted, of which 121 died, or only 270 in 10,000; a difference in the ratio of mortality betwen the two periods, of 368 in 10,000;—an improvement which beautifully corresponds with the change of treatment from drastic purging and profuse salivation, to mild aperients, cupping, and the sulphate of quinine.

Yellow Fever.—Of all the hospitals in the United States, the Charity presents the most ample opportunities for studying this much-dreaded and peculiar malady. I say peculiar, because my inquiries have nearly convinced me, that it should not be confounded with autumnal fever. It conforms, however, to several of the laws of that disease. The time of the appearance of yellow fever ranges from the 18th of May to the 1st of September—a period of 15 weeks, and the frequency of its beginning in the different months is as follows:—July, August, June, May, and September—oftener in either of the two former, than all the three latter taken together.

The order of predominance in the three years, 1841, '42 and '43, is September, October, August, November, July, and December, the two latter, however, being nearly equal.

I must now give you some of the statistics of death. In 10 years lying between 1825 and 1843, 5,973 patients with yellow fever were admitted, of which 2,967 died, or within a fraction of 50 per cent. We may place it at that. If we add to the number admitted in those years, the numbers for the years the mortality of which was not recorded, we have an aggregate of 8,758—one half of whom, we may assume, died, giving an average annual mortality, for 26 years, a fraction more than 172.

The mortality of 50 per cent. may seem large, and is indeed large compared with that in the private practice of our brethren in New Orleans. But it should be stated, that a great number of the patients are admitted in a moribund condition—are sent to the hospital to die, that they may be buried at the public expense. In fact, from the roaming and reckless character of those who depend on the hospital in sickness, we may presume that but few of them find their way to it in the early stage of the disease.

I have sought to ascertain whether the treatment of the malady is undergoing any amelioration; and will give you the comparison of two periods, each of four years. In 1825, '27, '30, and '33, 1,783 were admitted, of whom 931 died, giving a mortality of 52.21 per cent., or 5,221 in 10,000. In the years 1839, '41, '42, and '43, 3,662 were admitted, and the deaths were 1,747, equal to 47.70 per cent., or 4,770 in 10,000. The difference of 4.21 per cent., or 421 in 10,000 in favor of the last period, during which a milder treatment has been pursued, clearly indicates, either a less malignant disease, or a more appropriate method of cure—I shall assume the latter.

The question is often asked, does yellow fever occur in New Orleans every year? By reference to the statistical table before me, I find that of 26 years, 5 produced either none or less than 10; five produced more than 10 but less than 100; the other 16 more than 100. The second group, and the last year of the first, rather arbitrarily separated from it, deserve especial notice, as presenting the disease in a sporadic form, and, therefore, bearing on the question of local origin, or importation. It may be said, that the disease has been epidemic about two-thirds, and sporadic about one-fifth of the years, for the last 26, and, consequently, that it prevails almost as certainly in New Orleans, as does autumnal fever in any of our country towns, and far more frequently than measles or scarlatina invades either.

It has been said, that the disease is epidemic every other year, but the table to which I have referred shows this to be a fallacy; not that such has not been the case, but that it was decidedly prevalent from 1827 to 1830 inclusive; from 1833 to 1835; and from 1841 to 1843. On the other hand, no period of three years, and but one of two, has elapsed since 1818, in which it was only sporadic.

Private patients are accommodated in the Charity. Poor people of the city sometimes resort to it in sickness, and strangers may be made very comfortable in it. A part of its revenues, amounting to something like 1,500 dollars a year, is derived from a charge of 25 cents at the gate to those who visit the institution. This is not exacted from the near relatives of the sick.

The wards of the Hospital are admirably ventilated and kept remarkably clean; indeed, the whole interior exhibits evidence of the superintending hand of woman. I was introduced to the Sister Superior, appropriately called *Regina*, and found her dignified, intelligent, and well-informed on the affairs of the establishment. She and the sisterhood over which she presides, in connection with the amiable and well-informed house-physician, Dr. Waverstrandt, direct and see executed the entire internal economy of the establishment—the former receiving little other compensation than their support in the institution. Thus they are truly *Sisters of Charity*, and the sick stranger may receive his bitter dose from one of them as from the hand of the sister whom he has left behind him.—*Western Journal of Medicine and Surgery.*

REMARKS ON SUNDRY OPERATIONS ON THE EYE.

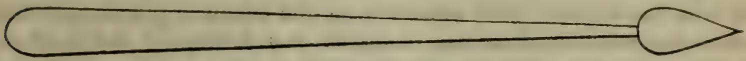
To the Editor of the Boston Medical and Surgical Journal.

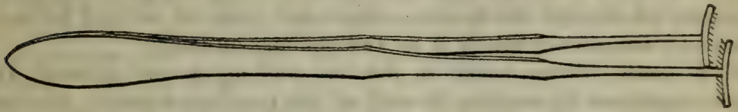
Sir,—Your politeness has often made me your debtor in the publication of articles requiring illustration by plates; and as I am quite sensible that neither that, nor the patience of your readers, should be taxed too freely, I hope you will dispose of this precisely according to your judgment, either committing it to the flames or printing, as you think fit. It may be that I attach too much importance to the minutiæ of my favorite pursuit. Yet I can look back with regret upon failures in many instances, where attention to minutiæ on my own part, as well as that of the instrument maker, would have prevented failures, that are now doubly mortifying from the conviction that they were the result of carelessness. I do not design to read a homily, but I cannot avoid the entreaty, more especially to every young surgeon, not to attempt the surgery of the eye without making up his mind to pay unwearied *personal* attention to every case he may undertake. I know this is impossible where patients visit you from a distance; yet as these are not likely to fall to his share, I repeat that he can only succeed in many cases by great *personal* attention.

I will relate a recent instance, yet one that has happened again and again—a severe case of granular ophthalmia, in which a gentleman, perfectly familiar in theory with its treatment, attempted the removal of the granulations with that excellent and indispensable escharotic, the sulphate of copper. He succeeded in reducing them so much by personal attention, that the patient (a very economical person) concluded he could continue the treatment as well as the doctor. Of course he failed; succeeding in a partial eversion of the lid, he applied copiously the sulphate, permitting it to pass freely over the cornea, and occasional particles to lodge under the lid; irritating, both mechanically and chemically, to a sad extent. When he presented himself to me, both corneæ were perfectly vascular, and the vessels actually in a hypertrophic state—considerable varices existing about the reduplication of the conjunctiva; yet fortunately no staphyloma, or permanent effusion of lymph. Without discussing the propriety of the course adopted (only remarking that I wish it had been my practice in many previous cases), I excised a complete ring of the enlarged vessels, quite down to the sclerotic coat, and entirely surrounding the corneæ of both eyes—also removing the most prominent of the granulations with the two instruments here given; after a few days, everting each upper lid completely, and holding it well down upon the lower one, the patient's head being immoveably fixed in an iron rim attached to the back of a chair, so that not a particle of the sulphate could enter the lids. I kept it applied from half to a whole minute, washing it well afterwards with warm water, and treating the lower lid in the same way. Two months' application of the caustic—sometimes daily, and again twice and thrice a week, according to the amount of irritation produced—effected a complete cure. Of course the patient was directed to avoid the night and morning air, the use of all stimuli, whether liquor or condiments, in short anything that could irritate the mucous membrane. Flannel, thick-soled boots, and, above all things, a large chamber, with free circulation of air, and rhubarb as an occasional aperient. These hygienic regulations are indispensable, if a relapse is to be avoided.

Here are the two instruments with which these operations, in my humble opinion, can only be properly performed. A scissors is of no use, as you cannot possibly calculate what width you are cutting with them. An ordinary forceps will only enable you to cut a single vessel, or at most a very irregular group of them.

SCALPEL.





FORCEPS.

With these instruments you can remove with great precision several lines in length of the enlarged vessels—your knife cutting on both sides, is every way efficient, whilst its size does not intimidate; and, unlike the scissors, no miscalculation with regard to the amount removed can occur —the teeth of the forceps securely holding what you have grasped only. In subsequent numbers, the extensive applicability of the above instruments will be shown, particularly in entropion. E. H. Dixon.

New York, August, 1844.

REJOINDER TO "ARGUS."

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The single and only point in the last communication of "Argus," which by possibility can interest your readers or subserve the profession in any way, is that of the *probability* of "physicians" being found in great numbers as deplorably ignorant of the profession, as the example cited by Dr. Bedford, in his late Notes on Chailly's Midwifery. As to the *policy* of publishing such "unheard-of blunders" among the profession, I understand your correspondent to yield it, as you undoubtedly do, by inserting a similar instance of criminal ignorance from the "London Lancet." Indeed, this last-named periodical, with all its faults, has done the profession much service by its fearless exposure of quackery in those sheltered by diplomas, almost every No. of which has recorded equally gross blunders, as that which Argus regards incredible, if not impossible.

In the few cases I propose to cite for the enlightenment of your correspondent, I will "nothing extenuate, or set down aught in malice," and though the task is humiliating I will allude to none which have not occurred under my own observation or that of immediate professional friends, whose veracity is unquestionable. And in every case the blunderer has been a legal practitioner.

1. A *physician* after a diligent *exploration* of a *lady* suffering from a malignant disease of the pelvic viscera, in which he employed both the eye and the touch, gravely pronounced her to be laboring under an inflammation of the *prostate gland!*

2. Another was convicted in the city of New York, not long since,

of forcibly removing the *uterus* which he had by violence inverted while attempting to extract the placenta!

3. A third, whose conversion to Thomsonianism has been heralded, and who has acquired great eminence in the botanical practice, declared that he had abandoned the use of *opium* as a destructive and murderous drug, and that for relieving pain he used nothing but the *black drop!* On being asked what his favorite article was made of, he said he never made any, but always bought it for two shillings an ounce.

4. A fourth, having joined in the hue and cry against calomel, and sought reputation by availing himself of this popular prejudice, affirming that he would abandon the profession rather than employ an atom of *mercury* as a remedy, and denominating his neighbors "mineral doctors;" being consulted in a case of syphilis, prescribed *corrosive sublimate!* which he said was the most valuable *vegetable!* in the materia medica.

5. A fifth pronounced a simple case of *ranula* to be a "rose cancer," and constructed a bandage to keep the mouth open, and at the same time confine a caustic plaster under the tongue. The pain and suffering was so great that the apparatus was torn off by the patient in a few minutes, and another physician cured the patient by puncturing the tumor.

6. A sixth applied a plaster of *cantharides* directly over the eye of a respectable clergyman for the cure of ophthalmia, which resulted in the vesication of the globe of the eye, and the discharge of its humors!

7. A seventh, having boldly tapped a patient laboring under abdominal tumor, deciding it to be ascites, contrary to the expressed remonstrance of other physicians who opposed any operation, was astounded to find himself unsuccessful in his search for water, and accounted to the bystanders for his failure by declaring that the *man!* had the dropsy, he would swear, but it was in the *ovarium!* and he could not reach it.

But to these *seven* I might add *seventy times seven*, if I were to cite the equally culpable blunders of the *same* men, for such ignorance must multiply similar blunders by necessity, without the *argumentum ad absurdum* to which "Argus" has resorted, in his numerical sophism. I neither said nor insinuated that every experienced practitioner had detected a hundred such blunder*ers* among "physicians," but *blunders*, of which hundreds are often detected committed by the same ignorant "physician," who, notwithstanding his ignorance, has often the greater portion of the practice in the neighborhood.

My motive for writing upon this subject, as *you* are aware, is at as infinite a remove from that attributed by your correspondent as his own. To disparage my profession, or imply that such delinquency is general, would be suicidal policy, as well as a flagrant outrage upon truth. But that there are such "physicians," and in sufficient numbers to render it even probable that Dr. Bedford has encountered one of them, is the point which I have affirmed, with *no other object* than to repel a foul insinuation against the veracity of a reputable member of the profession, who in my opinion, by his ardent cultivation of his chosen department, has merited impunity from this wanton assault upon his reputation.

CYCLOPS.

INFLUENCE OF THE MIND UPON THE BODY.

The most singular instance of the power of the will over the functions of the body, and, taken altogether, perhaps the most remarkable case on record, being supported by the testimony of unquestionable authority, is related by Dr. Cheyne in his "English Malady." It is the case of the Hon. Colonel Townshend, who for many years had suffered from an organic disease of the kidney, by which he was greatly emaciated. He was attended by Dr. Cheyne, Dr. Baynard, and Mr. Skrine; and these gentlemen were sent for early one morning to witness a singular phenomenon. He told them he had for some time observed an *odd sensation*, by which, if he composed himself, he could die or expire when he pleased, and by an effort come to life again. The medical attendants were averse, in his weak state, to witness the experiment; but he insisted upon it, and the following is Dr. Cheyne's account: "We all three felt his pulse first: it was distinct, though small and thready, and his heart had its usual beating. He composed himself on his back, and lay in a still posture some time; while I held his right hand, Dr. Baynard laid his hand on his heart, and Mr. Skrine held a clean looking-glass to his mouth. I found his pulse sink gradually, till at last I could not feel any by the most exact and nice touch. Dr. Baynard could not feel the least emotion in his heart, nor Mr. Skrine the least soil of breath on the bright mirror he held to his mouth; then each of us by turns examined his arm, heart, and breath; but could not, by the nicest scrutiny, discover the least symptom of life in him. We reasoned a long time about this odd appearance as well as we could, and all of us judging it inexplicable and unaccountable, and finding he still continued in that condition, we began to conclude that he had indeed carried the experiment too far, and at last were satisfied he was actually dead, and were just ready to leave him. This continued about half an hour, by nine o'clock in the morning in autumn. As we were going away we observed some motion about the body, and upon examination found his pulse and the motion of the heart gradually returning; he began to breathe gently and speak softly; we were astonished to the last degree at this unexpected change, and after some further conversation with him, and among ourselves, went away fully satisfied as to all the particulars of this fact, but confounded and puzzled, and not able to form any rational scheme that might account for it. He afterwards called for his attorney, added a codicil to his will, settled legacies on his servants, received the sacrament, and calmly and composedly expired about 5 or 6 o'clock that evening." His body was examined, and all the viscera, with the exception of the right kidney, which was greatly diseased, were found perfectly healthy and natural. This power of the will, to die or live at pleasure, is, perhaps, one of the most remarkable phenomena connected with the natural history of the human body. Burton alludes to cases of the same kind, and reports that the celebrated Cardan bragged he could separate himself from his senses when he pleased. Celsus makes reference to a priest who possessed the same extraordinary power.—*Pettigrew on Medical Superstitions.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 4, 1844.

Medicine in Iowa.—In looking over the map of the United States, a vast territory seems almost exclusively occupied by the Dacotah, Winnebago, Pottawatomies, Sac, Fox, and Iowa Indians. On the west side of the Upper Mississippi, however, from the entrance of the river Des Moines, to Fort Snelling, the junction of the St. Peters and the Mississippi, there are frequent landings, where the traveller discovers the elements of perhaps great cities, which are yet to have an influence and importance in the far west, quite equal to those of cities now existing on the shores of the Atlantic. In beauty of scenery and productiveness of soil, to say nothing of the natural facilities for extensive trade, or the employment of capital in manufacturing establishments, in the region referred to, the world does not present its equal. People are pouring into this new country from all the older settlements below, from the States, from Canada, and even from Europe. Ireland yields her quota of emigrants, and the voyager from the eastern cities to the Falls of St. Anthony, which are considered to be wholly beyond the boundaries of civilization, is constantly hearing, at unexpected points, the brogue that is so familiar to him in the streets at home. At these places, where boats are stopping constantly for taking in passengers, landing freight, &c., the French, English, and various Indian languages are spoken. Most of the resident inhabitants speak three languages with fluency—particularly those in the employment of the North-western Fur Company, whose line of stores extends from Prairie du Chien to a vast distance on the St. Peters and its tributaries, to the Red River, and to the British provinces north. Through this whole distance there is but one medical practitioner, with the exception of those belonging to the U. S. garrisons. On the Wisconsin river, at Fort Atkinson, at Prairie du Chien and Fort Snelling, there are surgeons, but it is quite impossible for them to leave their stations to render professional service to the inhabitants at various distances beyond them. At the upper extremity of lake St. Croix, thirty miles from the western shore of lake Pepin, there is a physician—a Jew adventurer in physic—who knows less of the business he pursues than of managing the fees he exacts from those whose necessities compel them to seek his advice. Through the entire river length of Iowa, there is a scarcity of physicians. There are not enough to meet the wants of a rapidly increasing population. Fort Madison, Burlington, Davenport, Charleston, Bellevue, and Dubuque, have some good practitioners, but the extensive rides they are compelled to undertake—twenty, thirty, forty, and fifty miles into the interior—are excessively fatiguing, and also unprofitable, as patients at their own doors are neglected, oftentimes, to meet the urgent demands of the sick and dying on the distant prairie settlements. All places in this section on the Mississippi, where settlements are beginning to be formed, would, it has appeared to us in our late journeyings there, be profitable locations for physicians. Their names would soon be spread far and wide, and patients would be brought to them from great distances for advice and medicine. Garrison surgeons are consulted in this manner already; but it is not their province to attend to the details of a mixed practice. The promptings of humanity, alone, urge them to render assistance, often, that interferes with their special duties, it is presumed, in their own hospitals.

Although the Upper Mississippi is a delightful region, where nature exhibits the green fields and forests which bound the distant prairies, unchanged by the hand of man, and is on the whole a healthful country, yet fevers and dysenteries are extensively prevalent from the last of July to the commencement of autumn. A skilful physician would be in the receipt of a comfortable income by taking up his abode on one of the steamers running regularly to the forks of the Upper Mississippi, at the close of summer.

Physicians are paid good fees in Iowa. Besides the opportunities for securing extensive tracts of new land, which may speedily rise in value, rich, perhaps, in mines, aside from their vast agricultural value, men of observation consider the opening in this rising territory an uncommonly good one for young, well-taught, enterprising practitioners of medicine and surgery. The Indians here suffer prodigiously for want of medical attentions, and would, in the neighborhood of the Crow, Red Wing and Wabasha settlements, contribute largely, from year to year, to the solid income of the physician.

Fort Snelling is erected on the elevated point of land between the two great streams, St. Peters and the northern branch of the Mississippi, eighty-three feet above high-water mark, in N. L. 44, 53, and Long. 93, 01. From the walls of the fortification is seen a splendid prairie, scarcely presenting an obstruction to vision for ten miles in the back ground. Nearly all the cases of sickness, at that garrison, are confined to soldiers, whose excesses sometimes throw them into the hospital.

In connection with these observations, it may not be uninteresting to state the fact, that no person officially associated with the Indians of the Upper Mississippi, ever saw or heard of a deaf Indian, or one whose eye-sight was impaired by age, or whose teeth were essentially decayed. No Indian of the Sioux tribe ever required spectacles, or discovered any advantages from trying those of travellers, because their vision was not impaired, even in extreme old age. Mr. Reed and Mr. Doe, the practical farmers employed by government to teach them agriculture, both concur in declaring this to be true, after a residence of six years in their midst. Ophthalmia, however, is a common complaint, from which they suffer very considerably. The diseases of the Indians, their method of treating them, with a variety of remarks in regard to their actual knowledge of medicine, based on personal observation in their own wild and savage haunts, are reserved for a future occasion.

Next, in territorial importance to the enterprising physician, is the little-known, far-off country of Wisconsin. Its capabilities, its necessities, its prodigious mineral and agricultural resources, and the advantages it holds out to energetic and well-qualified physicians, are also reserved for another number.

The Philadelphia Medical Examiner.—Allusion having been made, in the Journal of last week, to certain observations by the Editor of the

Examiner, which were not well received by some of the profession connected with the medical schools at the West, it is but an act of justice to him to copy a portion of the explanatory and we trust satisfactory remarks which appear in his last No. They refer particularly to the complaint of the Western Journal of Medicine and Surgery.

"We say, then, with perfect frankness, that since the Editor thinks our remarks of the 29th of June are calculated to produce the impression, that we meant to charge either dishonor or incompetency on the *Western Medical Schools*, our remarks *were* 'unfortunate.' We had no such design. The Editors of the New Orleans Medical Journal asserted, in substance, the doctrine which we have understood to be perseveringly promulgated by *one* individual in the West for years past, that those who study their profession 'in the capitals of Europe and the United States,' are unprepared to practise medicine in the Valley of the Mississippi, until they have established for themselves '*a new code of principles and practice*.' This doctrine we regarded, and still do regard, as degrading to the science. The New Orleans Journal furthermore asserts that 'the medical profession has been for some time gradually losing caste and respectability in the South—that unworthy and incompetent members are constantly gaining admission into the ranks—and that the charlatan and empiric annually find it less difficult to maintain a successful competition with the licensed practitioner.' We mentioned the fact that since the establishment of medical schools in the Valley of the Mississippi, comparatively few young men from that region seek instruction elsewhere, under the belief that there only can they learn the peculiar diseases of the South; and, consequently, we inferred that if the profession in that quarter was 'gradually losing caste,' the medical 'schools in the capitals of Europe and the United States' were certainly guiltless of contributing to the unfortunate result. Our object was to protest against what we regarded as false teaching, calculated to contract the views of ingenuous youth; but we had no intention whatever of casting any imputations of a dishonorable character upon the western or any other *schools*. In nearly all of them we have personal friends—men whom we know to be honorable, liberal-minded and intelligent—and we know how to separate such from individuals of a different stamp."

Fascination.—The late Lord —— had a daughter, who, falling ill at Bath, was attended by the late Mr. ——. Of course he soon persuaded her that she had a stricture of the rectum. The young lady wrote to her mama in town an account of her case, and of Mr. ——'s procedure to cure her. Mama communicated this to papa, who not liking the thing much, went straight to an eminent practitioner, who showed his Lordship the great improbability of his daughter being affected in the manner indicated; and made him aware that Mr. ——'s patients were all —man or woman, matron or maid—presumed to be affected with stricture in the rectum, and treated accordingly. His Lordship was in a great fume; he would not even write; he posted off the same evening to Bath to rescue his child from the malapraxis, as he believed it, of Mr. ——. But what ensued? The London surgeon received a letter in a couple of days from Lord ——, to say that his Lordship felt his visit to have been quite a providential one; that Mr. —— had not only satisfied him that his daughter had a stricture of the rectum, but that he himself had one, and that he meant to remain at Bath to have it cured!—*Med. Gaz.*

Quarterly Table of Mortality in Great Britain.—The deaths registered in the last quarter (ending June 30) amounted to 38,925, which is less by 7116 than the deaths in the previous quarter, and 1283 less than the average of the corresponding spring quarter in the five years 1838–42. Allowing for the increase of the town population, the mortality was ten per cent. below the average of the season.

The reduction in the mortality has been unequally distributed over the kingdom; but it has been most remarkable in the large manufacturing districts. Smallpox and scarlatina have been epidemic in the metropolis and elsewhere. The deaths in the quarter from smallpox were 425. The epidemics most frequently mentioned in the country districts are scarlatina, measles, smallpox, hooping cough, and typhus.—*Ibid.*

The Local Pathology of Neuralgia has been explained by Dr. Black upon anatomical principles. He very justly observes, that the nerves, which are usually the seat of neuralgic pains, are those which take their exit from the interior of the body through canals in bone or unyielding tendinous structure. He adds to this, the anatomical fact, that each nervous twig is accompanied by a branch of an artery and a vein. It may easily, therefore, be conceived that those nerves, which are contained in rigid canals, must be subjected to injurious pressure whenever their accompanying vessels are unusually distended with blood. Upon this pressure, according to Dr. Wallis, depends the neuralgic paroxysm. The explanation is ingenious, and is, I think, borne out by the consideration both of the exciting causes and the effects of treatment.—*Dr. Ranking in Provincial Journal.*

Characters of the Pulse in Diseases of the Heart.—In contraction of the aortic orifice the pulse is regular, and preserves its natural strength and fulness, unless the obstruction be extreme, when it becomes small, weak, and, in some rare cases, intermittent.

In the regurgitant lesion of the aortic orifice, the pulse is almost pathognomonic of the disease; it is regular, but jerking and receding, and the pulsation of the arteries is visible. This depends upon these vessels being incompletely filled, owing to a portion of the blood transmitted by the systole of the left ventricle returning into the ventricle during its diastole. In addition, in this valvular lesion, the radial pulse follows the ventricular contraction at a somewhat longer interval than in the healthy heart. These characters of the pulse will be better marked when the left ventricle is, in addition, hypertrophied and dilated.—*Dublin Medical Press.*

Books Received.—Dr. Beck's Manual of Chemistry—Cyclopædia of Practical Medicine, Part XI.—Anatomical Atlas, Part III. These, with other works on hand, will be more particularly noticed by the editor, who has just returned to the city after an absence of some weeks.

Number of deaths in Boston for the week ending Aug. 31, 46.—Males, 24; Females, 22. Stillborn, 7. Of consumption, 5—cholera infantum, 8—dropsy in the brain, 3—bowel complaint, 3—infantile, 7—inflammation, 1—apoplexy, 1—jaundice, 1—delirium tremens, 1—old age, 2—marasmus, 1—typhus fever, 1—cancer, 2—canker, 1—scarlet fever, 4—inflammation of the bowels, 1—child-bed, 1—throat distemper, 1—teething, 1—ulcers, 1.

Under 5 years, 27—between 5 and 20 years, 5—between 20 and 60 years, 9—over 60 years, 5.

Influence of a Varying State of the Price of Provisions on General Disease and Mortality.—M. Mélier investigates with a philosophic spirit this important medico-political question. The statistical documents he has collected, and the tables into which his figures are thrown, bear out the following inferences :—

1. The mortality of a country is influenced by the price of corn and bread.
2. This influence was extremely marked formerly, and is less so at present.
3. The diminution of this influence has been gradual, and various causes have contributed to this result.
4. The cultivation of the potato is one of the chief of these.
5. The question is one of morality as well as of hygiène, for it is demonstrated that crime increases with the dearness of provisions.

It is inferable too, the author considers, from his inquiries, that, in a well-organized state of society, provisions tend constantly to increase in abundance ; this tendency is more marked than that of the population to increase—" a powerful argument against the theory of Malthus."—*British and Foreign Review.*

Calomel as a Remedy in Diseases of the Eye.—On the recommendation of Dr. Major, of Lausanne, Dr. Fricke frequently employs calomel, in the form of powder, with surprising success, where other remedies have failed to produce any effect. The diseases in which he uses it are chiefly: scrofulous, rheumatic, and catarrhal ophthalmia, particularly when combined with great structural alteration of the conjunctiva and iris, or with effusion into the anterior chamber, and deposition on the cornea. Violent inflammation arose from its use in but two patients, who had formerly taken iodide of potassium for some syphilitic affection. The calomel turned of a yellowish green color in these cases, and this led Dr. Fricke to believe that the iodide of potassium, contained in the lachrymal secretion, combined with the mercury, so as to form a violent stimulant. The author used calomel in all the cases recommended by Dr. Fricke, and never observed any other than good effects. He generally blows the powder into the eye by means of a quill, and considers this method less irritating to the organ than the usual manner. He generally takes equal parts of calomel and fine sugar. As to the question, whether its action is mechanical or dynamic—we must certainly decide in favor of the latter ; otherwise, every indifferent powder would have the same effect.—*Dr. Neuber : from Schmidts Jahrbucher.*

On the Use of Hyoscyamine for Dilating the Pupil.—Many remedies of this kind have disagreeable secondary effects, and many are very slow in their operation. Dr. Ign. Gulz, however, obtains the best effects by administering *hyoscyamine*, which operates quickly, safely, and without any secondary action. He dissolves from two to three grains in a drachm of distilled water, and pours a few drops of the solution into the eye. Less liable to spoil than the extract of hyoscyamus, it may be preserved for a longer time without losing its remedial power.—*Dr. Gulz : ibid.*

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INFLAMMATION OF THE INTESTINES.—TREATMENT.

From Lectures on the Theory and Practice of Medicine, at University College, London, by Dr. C. J. B. Williams.

Continuing the subject of inflammation of the intestines, it may be remarked that in enteritis, there is not only severe pain with obstinate vomiting and a complete suspension of the functions of the stomach, as in gastritis, but there is likewise an obstruction to the passage outwards, of the contents of the bowels; there is obstinate constipation. Enteritis is, generally, more or less attended with hepatic derangement: and, hence, it is necessary, besides antiphlogistic measures, to employ remedies to relieve the liver; besides general and local depletion, mild mercurials combined with antimonials in small doses, sedatives and saline medicines.

In enteritis, it is the business of the medical man to ascertain the causes of the disease: whether it may depend upon obstruction which surgical aid can relieve. You must remember that many of the symptoms of enteritis resemble those of strangulated hernia, and the one may be confounded with the other. Therefore, it is of great consequence to be perfectly assured whether there is hernia or not. As I before mentioned, the symptoms of hernia may arise from an accumulation of fæces causing an obstruction to the passage of the food; or they may depend on inflammation itself; or the bowels may be incapacitated for action by spasm or paralysis; or again we may trace these effects to mechanical causes. It not unfrequently happens that, after the disease has existed for some time, a sort of stricture is produced in a part of the intestine, under the influence of inflammation, without total obstruction. Internal hernia takes place from adhesions between the omentum and the intestines, or between one intestine and another. It is impossible to distinguish between these cases during life, because the existence of any such cause of obstruction must materially interfere with the restoration of the intestine to the natural condition. The treatment of enteritis must be antiphlogistic, combined with medicines calculated to ensure the opening of the bowels. Bloodletting may here be carried to a greater extent than in gastritis, as, in the early stage of enteritis, there is less prostration of strength, and less disposition to sinking. Leeching should be combined with bloodletting, and also poultices and fomentations to the abdomen. If the inflammation continues long, and the pain is excessive and unremitting, the use of calomel may be resorted to. If the disease has been but of short duration, and has lasted only a few hours, or is of a less severe form, it is better to begin with a dose of calomel, to secure evacuation of the bowels, before the antiphlogistic measures are tried; but if the disease is of longer standing, it is better to use the antiphlogistic treatment, first, and then follow with purgatives, &c. Of all the purgatives that I could name, I do not know of any that can be put in comparison with calomel; and for this purpose, it should be given in pretty considerable doses, of from five to ten grains, combined with James's Powder, and with sedatives. Opium has been recommended to deaden the inflammation, but its effect is to interfere with the peristaltic action of the bowels, and block up the secretion from the liver. I therefore prefer using conium, which is more soothing; five grains, or even more, should be given with the calomel. belladonna answers the same purpose. The dose may be repeated in three hours if it does not operate; and after this, injections of castor oil—three or four drachms—mixed with a little gruel or the yolk of an egg, or something of that kind, should be used to promote the action of the bowels. If the bowels are not opened by these means, more active aperients may be tried, and it may be expedient to use a few doses of croton oil. In combination with this antiphlogistic treatment, turpentine may sometimes be used with success. Frequently it happens in these cases, that there is a great deal of spasmodic action, but whether such is the case or not, turpentine does not appear to be so injurious a medicine in intestinal inflammations, as one might be led to expect. By some it is considered to be an antiphlogistic remedy: it is certainly remarkable how it tends, in some cases, to the dissipation of the symptoms and products of inflammation. Sometimes it is used in peritonitis, under the supposition that it is antiphlogistic. At any rate, in the form of an injection it answers very well, and relaxes the spasm.

If all these measures fail, the best thing to resort to, for the purpose of exciting the action of the bowels, is the tobacco injection; no permanent relief can be obtained until this action is effected. The mode of application is, a scruple of tobacco infused in half a pint of water, and the injection to be retained for ten minutes. Some persons recommend the smoking of tobacco as being effectual; it certainly is very easy of application. The greatest exertions should be employed to open the bowels, for, when this is effected, a great part of the battle is gained; we should scrupulously look to this object, and not be content until it has been effected. The remedial measures must be repeated again and again. After the bowels have been freely opened, then comes the time for opium; it is of great efficacy and utility then, and it may be advantageously combined with mercury; or if opium cannot be borne, morphia may be given; the object being to remove the effects of the inflammation. The reason why opium is used, is that it tends to bring the intestines into a quiescent state; they are unhealthy, and are highly irritable, and this constant irritation gives them an undue action; and there is very apt to occur, after the constipation has been overcome, diarrhœa accompanied by great prostration of strength. It may also be necessary to use fomentations and blisters, where there is considerable pain and tenderness of the abdomen. If the parts feel raw and sore on the passage of the fæculent matter, the local antiphlogistic treatment must be continued, so long as these sensations remain.

In frequently happens in enteritis, that, besides tympanitic distension and obstruction, in the early stage, there is a hardness in some parts of the abdomen, a feeling of induration communicated to the touch. Usually, however, there is great soreness and tenderness felt, more commonly in the left iliac region than elsewhere. It appears to me that this must be the result of the internal thickening of the intestine; and so long as it lasts, there is a great tendency to the recurrence of the obstruction; and it is necessary to be extremely careful to administer medicines from time to time, to keep up the regular action of the canal. The best medicines, for this purpose, are castor oil, or mild salines, as sulphate of potash, and sulphur. Castor oil is the safest of all medicines. It is of very great consequence, after an attack of enteritis, to avoid exertion too early, and particularly to avoid any error of diet, and the use of any irritating medicine. The great reason of this precaution is that there is a considerably impaired state of the functions of the canal, and so long as this is the case, all irritating things tend exceedingly to produce a relapse. The diet should be as plain, mild and simple, as possible; chiefly consisting of farinaceous articles of food.

We now come to the *sub-acute form of gastritis.* This form of disease of the mucous membrane is often attended by gout or erysipelas, and is manifested by pain and tenderness at the epigastrium, with nausea and sometimes vomiting. The tongue is at times red, and at others of a dark purplish-red color, with a slight white fur in the centre. Sometimes there is thirst, but the fever is slight, and the pain not always considerable. It is, however, increased by eating, and drinking particular kinds of liquids. There is, frequently, in connection with this state of irritation and continued constipation, a degree of hæmatemesis present. This form of the affection is slight, and if treated in time may give way easily under moderate antiphlogistic treatment. Gastritic affections sometimes occur at the outset of eruptive fevers, and subside as the eruption comes on. It appears that, in these cases, the inflammatory action passes down the intestines, affecting the follicles or glands; but where it occurs independently of fever, this slight form readily gives way to mild mercurials, followed by castor oil, rhubarb, or some very gentle aperient. The object of the mild mercurials is to increase the action of the liver, and clear the abdominal canal. It is not necessary to give them in large doses; the milder the dose the better, given two or three times a day. In this case, too, alkalines and saline medicines are useful, especially where acid eructations are frequently complained of, with an acid taste in the mouth. Hydrocyanic acid is very useful in these cases. This treatment is to be combined with strict attention to the diet: diluents and mucilaginous drinks, with a farinaceous diet, the smallest quantity being taken at a time.

This affection, although slight in itself, sometimes tends to pass into a chronic disease, which is of a much more serious character. Sub-acute enteritis, as distinguished from the intense form, is not accompanied by obstinate constipation. It seems to be chiefly an affection of the mucous membrane, and occurs in combination with fever: but sometimes it exists independently of any febrile affection. It is very apt to occur in children, and in these cases, where it is a complication of fever, the inflammation seems to affect the glands of the intestines, the isolated as well as the grouped glands; if the disease goes on long, it leads to ulceration of the glands, and ulceration in the intestines is a very serious matter. The sub-acute form of enteritis is generally accompanied by more or less of febrile symptoms, and the system is much disturbed. In some forms of sub-acute enteritis, there is a remission in the phenomena of the fever, it being more intense at some periods of the day than at others. It may also be accompanied by pain and tenderness in the abdomen; thirst; often headache; the tongue variously disordered: it is often raw at the tip, white and furred in the centre, and the papillæ enlarged and florid, having a glazed and copper-looking appearance; the evacuations are very much disordered, and sometimes there is diarrhœa, or a considerable discharge of fæculent matter of a very dark color, or of a greenish tinge; at other times the motions are defective in quantity, the bile varying very considerably. In some cases, where the fever rises very high, there is constipation, though not of an obstinate character; in these cases, the abdomen is apt to become tympanitic. The treatment of this affection, is a more moderate application of the same means employed in the acute form: leeching at the abdomen is generally sufficient, as a topical means, with fomentations or poultices; and what I have found to answer extremely well, after the severity of the inflammation and the pain have subsided, is the application of flannels dipped in hot water, or in some slightly irritating solution, as turpentine, vinegar and water, or water containing ammonia, and then laying over the whole an oiled silk, or a Mackintosh cloth, to keep up a perpetual fomentation. The irritating fomentation may be continued for several hours without intermission. The convenience of these forms of fomentation is very great, and they have remarkable effect in relaxing the fever. The fever in these cases is generally accompanied with a degree of local heat, chiefly perceptible over the region of the abdomen; and, sometimes, if the heat in the abdomen can be subdued, the general febrile symptoms subside. You find this relief indicated by the perspiration breaking out in other parts. A warm bath is used sometimes with the same view, and it answers exceedingly well, particularly in children. Not unfrequently, after a bath, there is apt to be an accession of fever, a sort of re-action, which is relieved by perspiration; but if it is not, the fever is aggravated. The main part of the treatment, in the sub-acute inflammation of the intestines, is to alter the state of the secretions, and for this purpose mild doses of calomel should be given, three times a day, according to the state of the patient; sometimes once a day suffices, it being carried off either by castor oil (in teaspoon-doses for children, or a dessert spoonful for adults), or else sulphate of potash and soda, or rhubarb and senna. The great indication in this form of disease, is to modify the secretions by increasing them in quantity, and augmenting the action of the liver; mild mercurials will be pretty sure to subdue the inflammatory action.

Chronic gastritis often succeeds to the sub-acute form when it is neglected. The symptoms are very much like those of the sub-acute variety, but more varied as to degree; so much so, that, frequently, I have met with cases of chronic gastritis terminating suddenly in death, by perforation of the stomach in a most unexpected manner, the patient exhibiting previously but little signs of disease. I recollect a case that impressed me strongly with this fact. The patient was employed about his ordinary occupation, and had never complained of any serious affection, until, one day, he was suddenly seized with most violent pain at the epigastrium, and was brought into the Hospital. The moment I saw him I did not hesitate to say that there was in him all the symptoms of perforation of the stomach; the pain was of the most excruciating character. Besides this very severe pain, which caused the patient to assume most unnatural postures, so that, at times, he was almost bent double on himself, in his efforts to procure relief; his countenance betrayed excessive anxiety, the skin was covered with perspiration, and the breathing was extremely quick; he had a feeling of constant sickness and nausea, with inability to vomit. There was inflammation of the peritoneum, particularly in the neighborhood of the stomach, with an effusion of serum. From whatever cause the perforation arose, it is certain it was the immediate cause of death. He had scarcely complained before of anything more than flatulence in the stomach, and so forth. There is, however, in most cases of chronic gastritis, constant tenderness and pain in the epigastrium, and sometimes beneath the left scapula, just as an affection of the liver will cause pain in the right shoulder. All these symptoms are increased after eating and drinking, particularly indigestible matters. Vomiting is not a constant sign; sometimes blood is vomited in an altered or decomposed state. There are various sensations connected with chronic gastritis: a gnawing and sinking, referred to the epigastrium; a bad taste in the mouth; sometimes a peculiar saltish taste, an acid taste, or a bitter taste, and thirst; these are pretty well constant symptoms. The appetite varies very much, and sometimes food may be taken to a considerable extent, without producing any inconvenience. It is amazing what quantities of food may be taken in some diseases without inconvenience: the fact is one that cannot be explained. The tongue is red in chronic gastritis; sometimes, the epithelium appears as if scraped all off, and the tongue left quite raw; sometimes, there are patches of the epithelium left on here and there, and the tongue is continually peeling and casting off its skin. There is little doubt, under these circumstances, that there has been a degree of inflammation affecting the tongue itself; perhaps, induced by the acid eructations and vomiting. Sometimes, the tongue presents protuberances of a remarkable character, and, sometimes, it is cleft into fissures, and is very apt to scale and crack. All these are symptoms, generally speaking, of chronic gastritic irritation, or actual inflammation. There is occasionally, besides the pain and uneasiness in the epigastrium, a pulsation felt in that region, and not unfrequently palpitation of the heart. The urine, in all these cases, is always, more or less, disordered; generally scanty and high-colored, abounding in lithates, and lithic acid deposits. The skin is dry, and, occasionally, there is feverishness present, more particularly an inward kind of fever; heat within the body, and the hands and surface cold. Frequently, there is headache, and restlessness, with irritability of temper. The bowels generally are costive.

Chronic Duodenitis is sometimes connected with the affection I have just been describing. Its chief distinguishing features are pain and tenderness below the right hypochondrium, with uneasy sensations, chiefly two or three hours after a meal, accompanied by nausea, and eructations of wind; also discomfort and various symptoms of feverishness and thirst, felt for some hours after eating. Sometimes these symptoms are connected with a disturbed state of the secretion from the liver, the action of that organ being interrupted, and jaundice resulting: the stools at the same time being either pale, without bile, or else they will exhibit bile in an altered state, of a dark color.

The morbid appearances of chronic gastritis are: dark patches of redness, with thickening of the stomach, and the color is darker and less vivid than in the acute form of gastritis; but what distinguishes it most is a great change in the structure of the thickened parts, as I have already stated, in speaking of the characters of sub-acute enteritis; there may be also more or less of ulceration in these spots. Sometimes the membrane appears to be studded over with little grains, about the size of hemp-seed, or even as large as small peas, in great numbers. The thickening extends from the mucous to the sub-mucous coats, sometimes to a very great extent. Ulceration is met with, too, with a soft thickening around it; this is the difference between the ulceration occurring as the result of chronic disease, and that which takes place in acute disease, which affects the glands. Sometimes the whole mucous membrane is ulcerated through, and the ulceration perforates the muscular or sub-mucous coat, and is stopped only by the peritoneal coat; and in other cases it may go through the peritoneal covering of the stomach itself, and the contents of this viscus may become extravasated into the abdominal cavity, thus producing fatal peritonitis.

The causes of the sub-acute form of these affections are various: irritating matters or food; habitual irregularity of diet; too stimulating or too irritating food of any kind; very often preserves and condiments, which, if taken in excess, are very apt to excite imperfect action in the liver, and this is the foundation of many diseases of the abdominal viscera. When the bowels act freely, we may take many things with impunity; but if their action be interrupted, we cannot take such food without producing inflammation. Sedentary occupations, and a constrained posture, are especially apt to predispose to attacks of gastritis. Stimulating food tends in an especial manner to impair the function of the liver; and the stomachs of habitual drunkards are almost always in a state of chronic inflammation; sometimes ulceration, and even cicatrices, have been found there.

The treatment of chronic gastritis must be of a mild antiphlogistic form, continued for some time. Leeches may be applied when there is any increase of pain, and tenderness, at the epigastrium ; at other times, blisters answer better, or mustard poultices, which are often very useful in these cases, when applied to the pit of the stomach for a short time ; they tend to draw off the excessive irritation that takes place during digestion. It is likewise useful to alternate the application of mustard poultices to the pit of the stomach, with hot fomentations. With respect to the internal treatment, mild saline liquids, hydrocyanic acid, and gentle doses of hydrargyrum cum creta, combined with ipecacuanha, are useful ; carried off with castor oil, or else mild doses of rhubarb and sulphur, or sulphate of potash, given occasionally, taking care to keep up a moderate action of the bowels. Drastic purgatives increase the gastritic symptoms, and hence should be carefully avoided. The action of the lower intestines is to be promoted by injections. It very rarely happens, according to my experience, that injections act satisfactorily, without we, at the same time, assist the upper part of the canal ; we may evacuate the lower part of the bowels, and promote the action very well there, but we do not increase the secretion of the liver, which is a fundamental point with regard to the treatment of abdominal affections. The diet must be most carefully managed ; the mildest farinaceous food given, taking particular care to avoid large quantities of anything ; and in severe cases it is better to take everything in the form of thick liquids. When the gastritis has been chiefly overcome, the patient may then have a little solid food, but it must be of the lightest kind, such as fish or fowl, or the gelatinous parts of meat. After considerable improvement has taken place, nitrate of silver, or nitrate of bismuth, in small doses, may be given to remove the remains of the inflammation. Where the secretions are disordered, they must be especially attended to ; and as the symptoms of irritation and tenderness at the epigastrium pass off, the bitter infusions may be substituted. These may be combined with mild mercurials and aperients, where necessary : taraxacum or dandelion, in small doses, is useful.—*London Med. Times.*

THE LEPROSY IN NEW BRUNSWICK.

[In No. 24 of the last volume of this Journal, a report by Mr. Skene, which was published in the London Medical Gazette, respecting this disease, was alluded to, and some extracts made from it. Dr. Boyle, of St. John, New Brunswick, has published in the same work some remarks on that report, in which he endeavors to show that all fears respecting the disease being contagious are unfounded, and that the recommendation, therefore, which was made there, of the erection of a lazaretto in which the lepers may be strictly secluded, is unwarranted. As this is an important view of the matter—quite as much so to us in the United States as to the inhabitants of London—we copy from the Gazette some of Dr. B.'s remarks.]

It is stated in the "Report," that "no *positive* conclusion could be drawn as to its original appearance in this quarter," but, that, according to the information that was received from the oldest settlers, the first case occurred in the person of Ursule Laudre, about the year 1817, nineteen years after her marriage with Joseph Benoit, of Tracadie, a small French settlement situated in a part of this Province, bordering on the Gulph of St. Lawrence, and where she went to reside after her marriage. Her father, mother, and their children, *nineteen* in number, appear, with the exception of Ursule alone, to have been perfectly healthy. She was married about the year 1798 or 1799, and having been affected ten years *before* her husband (for, it appears, he also became affected with it), it would be absurd to suppose that she possibly could have received the infection from *him ;* neither can we suppose that he could have contracted it from her, for he continued free from it until three years before her death, which happened in 1829 ; a period of twenty-six years after their marriage, and of his having lived with her about ten years *after* she had shown all its unequivocal symptoms. After the birth of her fifth child, Ursule ceased to bear children ; and it is stated that, from that time, her health continued to decline for six or eight years, when the disease was no longer doubtful.

Upon the whole, other facts stated in the "Report" are not more favorable to the existence of *contagion* as a cause of this disease, than those already mentioned ; for it is not shown from whom Ursule received the infection, nor is it proved that she communicated the disease to any one, either by direct contact or through the medium of substances imbued with a contagious principle. There is, indeed, no sort of analogy, as far as those facts go, between this disease and those of a contagious nature ; in most of which, we can, almost, as it were, detect the contagion in its passage ; and it is only by analogy we can reason on the subject. The latent period in contagious diseases is never long—being only two or three days, sometimes less, and seldom exceeding three weeks ; whereas, in the present instance, several years of continued intercourse intervened from the first communication with the infected person to the time of its appearance in the individuals exposed.

The affected district is situated between the Bay of Chaleur and Miramichi River, and the intercourse between it and Canada, Prince Edward Island, Nova Scotia, and the adjoining counties of New Brunswick, has been frequent and uninterrupted ; and though the disease was known to have occasionally existed in some parts along the Gulf shore at a date anterior to that assigned to it in the "Report," it had not, it would appear, been propagated to any of the above-named places, nor been considered of that importance, or so frequent at the time, as to attract particular notice, or excite any serious alarm ; and it is only now, though twelve cases terminated fatally, and, as appears by the "Report," after it had prevailed in Tracadie for a period of twenty-seven years, that the attention of the legislature has been called to it as fraught with public danger, and requiring rigid measures of prevention.

That the original source of the disease is to be detected in any geological peculiarity observable in the tract of country above mentioned, is not very probable; atmospheric causes are temporary, though general in their operation, giving to diseases an epidemic character; and the climate and cultivation of the soil, if not much improved, certainly are not deteriorated. The habits and mode of living of the French inhabitants in that part of the Province of New Brunswick, it may also be remarked, have always been pretty much the same since its first settlement with those in other parts of British North America, except that the fish which constitutes almost their sole article of food is not, perhaps, of the same wholesome quality as among some of their neighbors, owing to their poverty, which often prevents them from procuring the means necessary to preserve it for use. Some further facts, therefore, are wanting, to render our conclusions as to the primary cause of its appearance in that locality satisfactory; and it is to be regretted that it could not now be traced further back than the case of Ursule Laudre, in 1817.

The inhabitants of this district are of the Norman race, and descended from those Frenchmen who visited North America at a very early period of its settlement; and by whom, it can scarcely be doubted, the disease was brought to this part of the world; and the superb structure erected by Henry II. Duke of Normandy, at Caen, in 1160, for the reception of lepers (but long since appropriated to another use), attests to this day the prevalence of the disease, in former times, in that country, where it had been, in a manner, naturalized since the time of the Crusades. It is of no small importance, therefore, as tending to throw a ray of light on this part of the inquiry, to know that Ursule's father was an "Acadian," that her mother was of "Caraquette," in the Bay of Chaleur, and her husband from "Tracadie," on the Gulf shore: for it is also known that the *Baie de Chaleur* and the north-east shores of *Acadie* were places where those adventurous navigators first encountered perils; and the disease may have even disappeared for a season, and at different periods from that early date sprung up again among their posterity, who appear still to inherit the original taint.

From the facts stated, it does not appear what has been the total number of cases from the year 1817, until the present time, although nineteen "*confirmed*" cases were found at the time of their visit; a proportion not exceeding, perhaps, that of any other disease, acute or chronic, which has appeared in this district during an equal period, reckoning from the average duration of the cases recorded in the Report; and it might, perhaps, be also ascertained that the deaths from any one of them were not less numerous than those from leprosy, which, as far as we are informed, amount to twelve.

Having thus taken a brief review of the principal data furnished by the Report, and on which the Commissioners found their opinion as to the *contagious* character of the disease, which alone could warrant recourse to the seclusion of the affected, and the adoption of Lazaretto regulations and restrictions, it may not be deemed unprofitable or uninteresting, in a question which so deeply involves the comfort and safety of a large portion of society, to quote some *modern* authorities of the highest weight in the medical profession, in support of the opposite doctrine or *non*-contagious nature of this loathsome disease, which is universally acknowledged to be *incurable.*

[Dr. B. here quotes various authorities, for which we have not room, and then proceeds.]

Having myself seen, some years ago, a well-marked case of this disease, which leads to conclusions in perfect accordance with the opinions of those eminent men, I may be permitted, in this place, to bring it under notice. It occurred in a person about thirty years of age, a native of Antigua. He had labored under it for a considerable length of time, and came to Nova Scotia for the benefit of his health, where he married an interesting young lady, about two years before I saw him. After this he came to St. John, and was under the care of Dr. Boyd and myself for about two months. His breath was extremely offensive, and his hands, face and legs were covered with blotches and tubercles of a livid, brownish color; and some of them were in a state of ulceration. He afterwards went to New Orleans, in a worse state than when he first left the West Indies; and died of this disease not long after his arrival. During the whole period of his illness, from the time of his marriage, his wife was most assiduous in her attentions to him, and occupied the same bed; but neither she nor any of the inmates of the boarding-house, where they lodged for nearly twelve months, and with whom they had daily intercourse, ever showed the least mark of the disease. He had no children; and after his death his wife returned to Nova Scotia, where she has continued to enjoy perfect health.

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In no part of Europe was leprosy so prevalent at one time as in France from the eleventh to the sixteenth century. It is now chiefly confined to the tropical and equatorial regions, being rarely met with in Europe since the seventeenth century; and the advanced and more refined state of society accounts for its gradual disappearance; while greater experience has banished all dread of its supposed contagion, and opened their noble hospitals to the admission of lepers, without distinction, among other patients; and numerous lazarettos of great extent have long been converted into retreats for the aged and infirm, or like purposes of general philanthropy and benevolence.

I trust it will appear, from what I have said, and the authorities I have referred to, that any measures of prevention which require seclusion of the sick, much less the severity of lazaretto regulations, are not warranted, on this occasion, by the facts on which their adoption is grounded; and as their uselessness and impolicy have nearly expunged them from the code of civilized nations.

The formation of any hospital *exclusively* for the reception of leprous patients is also objectionable, as entailing an endless expense on the Province; especially if County Hospitals already exist, or similar establishments, into which, as experience has abundantly shown, they may be received without the "remotest injury to other patients;" and of which the "Report" itself furnishes ample proof. The disease being incurable, little good is to be expected from hospital treatment; which, at best, could only be palliative. Much, however, may be done to obviate some of the causes which render the human body liable to various diseases arising from noxious emanations, as well as from atmospheric influence and hereditary predisposition, by inculcating the necessity of a proper hygiene throughout the French population of that district; by which the constitution may be enabled to resist the influence of external agents; and without which, it is to be feared, the disease will finally cease only with the extinction of the race.

ILLUSTRATIONS OF INSANITY.

Scott, it is said, and no doubt truly, made insanity a particular study. He probably read and inquired respecting it, and no doubt saw many individuals affected by the disease. In his day it was easy to obtain correct knowledge of insanity from books; but in the time of Shakspeare, most books on the subject would but have served to mislead.

Sir Walter Scott, like his great prototype, Shakspeare, is in the delineation of none of his characters more happy than in those he describes as insane. We shall mention, however, but few, and those the most important, namely, Madge Wildfire, mentioned in the Heart of Mid Lothian; Norna, in the Pirate; and Clara Mowbray, in St. Ronan's Well.

Like Shakspeare, Scott has, if we may so say, educated his characters to become insane. He prepares and predisposes them to the disease by the early circumstances of their lives, and also for that kind of insanity which they subsequently manifest. Madge Wildfire, as an exhibition of insanity and originality, has been much praised, especially by Coleridge; who pronounces her the most original of all Scott's characters. We cannot concur in this opinion. The form of insanity she exhibits is far more common than that of Clara Mowbray, or even of Norna. It bears considerable resemblance to the Ophelia of Shakspeare, and Maria of Sterne, but lacks their gentleness and delicacy.

Madge became deranged from a common predisposing cause, excessive love of admiration, an insatiable desire to dazzle and to captivate. In all the poor maniac's ravings, in her scraps from Bunyan, in her fantastic dress, and love of finery, we see the predominance of this trait in her character. She was badly educated, and what was worse, was of a bad breed, as her mother was an unprincipled, base woman, who favored the alliance of her daughter with an old man whom she could neither love nor respect; then came trouble and remorse and fear from her own misconduct; and her mind, which was "constitutionally giddy and unsettled, became deranged."

We mention these circumstances to show how skilfully and carefully the whole character is drawn, so that nothing appears inconsistent or unnatural, and purpose, before we close, to allude to the *moral* to be derived from such accurate and minute histories of individuals, who commence the world with bright prospects, but when overtaken by misfortune, instead of rising superior to it, sink beneath the calamity into the grave, or become incurably insane.

Norna, of the Pirate, is a different character, though driven to madness from nearly like causes to those of Madge Wildfire. Her character, as delineated by Scott, is meant to be an instance of that kind of insanity during which persons exhibit much ability, converse intelligibly, and are therefore able to deceive and impose upon others—and also able, at the same time, to impose on themselves. Such characters may usually be found in every large lunatic hospital. Some of them claim to be emperors, kings, and queens, while others profess to be empowered from on High to execute some grêat commission on earth.

Some such, manifest great ability, and while they deceive themselves, are able also to deceive others, and sometimes *many* of the more credulous. Matthias, *the impostor*, as he was called, was perhaps one of this class. Don Quixotte is an illustrious instance.

The evidence of all their senses—their confinement in lunatic hospitals, or in prisons, where they are wholly controlled by others, has no effect to undeceive them. Scott refers to an amusing case of the kind in which the sense of taste could not be deceived. It was that of a man confined in a lunatic hospital in Edinburgh, where he was constantly happy, and believed that the building and all the persons in it were under his control —and that he had everything done as he directed and consistent with his high notions of his wealth and grandeur. One thing, and but *one thing*, he said, puzzled him, and that was, that notwithstanding his table was supplied with every luxury and a great variety, and such food as he had directed—yet somehow it happened that everything tasted like *porridge*, the only food in fact provided for him, but of which all his senses failed to inform him, except the sense of taste—and this was overpowered by his active imagination: for although he tasted *porridge*, still believed he was eating the most rare and costly dishes. Thus *Norna* is made to believe that she ruled the tempest—and controlled innumerable circumstances by the aid of supernatural power; and her manner, and full conviction of the truth of what she asserted, led many to believe her. The renowned Joan of Arc, Maid of Orleans, one of the most interesting of all historical personages—was, we think, affected with this form of insanity.

But Clara Mowbray, of St. Ronan's Well, is in our opinion a more interesting character than either Madge Wildfire or Norna—and the most lovely of Scott's delineations. Her mental disorder is so exquisitely and delicately drawn, that it is hardly considered a case of actual insanity—but merely melancholy, verging to insanity—all the incidents of her life prepare her for this—the early loss of her mother—the neglect and harshness of her father, and her constant reading of romances, which formed her only mental aliment. Then came her love of Tyrrel and bright hopes of happiness, and then suddenly, in an instant, all her fond and high expectation blasted and forever. From her defective education she had no mental resources to sustain her, no mother or friend to soothe and guide her, and consequently her mind sunk into a state of melancholy—or into a state of alternate levity and sadness.

But she has best described her condition in her memorable interview with Tyrrel at the Buskstane. After telling him that her "brain has been but ill settled since they last met, when all their hopes were crushed down and buried when they budded fairest;" she adds, in reference to the ravages which grief had made on her countenance:

"Grief is the sickness of the mind, and its sister is the sickness of the body: they are twin-sisters and are seldom long separate; sometimes the body's disease comes first, and dims our eyes and palsies our hands, before the fire of our mind and of our intellect is quenched.

"But mark me, soon after comes her cruel sister with her urn, and sprinkles cold dew on our hopes and on our loves, our memory, our recollections and our feelings, and shows us that they cannot survive the decay of our bodily powers."

It is evident one thus stricken down, body and soul, by grief, could not long survive, and she dies like a deranged person, from the excess of her feelings overpowering her feeble bodily powers.

All three alluded to—Clara, Norna and Madge—became deranged from somewhat like causes, viz., blasted hopes in early life; yet how different is their insanity, and yet each is in perfect keeping with the previous character and education. *Clara* shrunk from the world and avoided all notice. Norna sought to rule it, and Madge to astonish and captivate it by her personal charms, manners and dress.

From these few cases selected from Scott, and thus briefly noticed, we think some improvement may be derived. In early life, with the fairest prospects of happiness, each of these characters met with a reverse of fortune, and sunk under it. But why so? others, many others, some of whom the same writer has described, suffered as severely, but though they felt the shock, did not yield to it; but, on the contrary, seemed to have gained strength by adversity, and been prepared for greater usefulness.

To illustrate what we mean, contrast the character of Clara Mowbray with that of some other of Scott's characters, with Minna Troil, for instance, of the Pirate; "the high and imaginative Minna," like Clara, "gifted with the deepest feeling and enthusiasm, yet doomed to see both blighted in early youth, because with the inexperience of a disposition equally romantic and ignorant she had built her fabric of happiness on a quick-sand instead of a rock," and yet Minna did not sink like Clara beneath the stroke. And why? For the answer more fully than we shall give, the reader is referred to their histories as given by Scott, and which none can read without profit. The one became melancholy, then frantic, and died; the other became happy and useful. The one sunk down and made no effort—the other roused herself to the active duties of life. And this we consider the surest, if not the only remedy for every one in similar circumstances. Disappointments in life, blasted hopes, sorrow and anguish, may be the fortune of many who read these remarks. To such we would say, strive against every feeling of despair or even of despondency; do not believe that further effort will be useless, but with renewed energy seek for employment, and ardently engage in the duties of life; and if without hope of increasing your own, labor for the good and happiness of others. For be assured, as Scott says in describing the later life of Minna Troil, "Be assured, that whatever may be alleged to the contrary by the sceptic and the scorner, to each duty performed, there is assigned a degree of mental peace and high consciousness of honorable exertion, corresponding to the difficulty of the task accomplished. That rest of body which succeeds to hard and industrious toil is not to be compared to the repose which the mind enjoys under similar circumstances."

But to be able to pursue this course when circumstances call for it, requires preparation in early life. Youth must not be passed in idleness, nor in reading romances and revelling in imaginary scenes of future happiness. But a portion of it should be allotted to actual toil, to manual labor, whereby a healthy and vigorous physical system will be secured, which is the best safeguard against the development of that too sensitive and nervous condition which usually precedes and predisposes to mental disorder. Then with moderate and rational notions of life and of its duties, and with a firm resolve to discharge them faithfully and timely, there will be good hope that if disappointments and misfortunes come, they will not crush the spirit, but on the contrary purify and strengthen it.—*American Journal of Insanity.*

IMPROVED SUTURE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Having almost invariably noticed this exception in all the surgical reports of operations in which the twisted suture has been used, "That wound healed kindly except in the region of the sutures," I have constructed an instrument with the view of obviating the irritation occasioned by the passage of the suture through, and its retention in the wound. The instrument is composed of three pieces. The first is a square piece of steel wire, from an inch to an inch and a half in length, of sufficient thickness to sustain the lips of the wound in apposition, after having nicks cut into the surface of one of its squares one twenty-fourth of an inch deep, facing from each extremity towards the centre. The second and third pieces are hooks, with curves less than the Italic letter *i*. Through the base of each hook is a hole fitted for the passage of the wire, the bases having lateral elongations to keep, when adjusted, the lips of the wound in more perfect apposition. The hooks move without interruption from the extremities of the wire towards the centre, but are prevented from returning by the nicks, when the force is applied at the base of each point. The hooks are to be introduced three fourths of an inch from the opening of the wound; and the wound is brought together by causing the base of each hook to meet at the centre, or to be carried far enough to close the wound. By the use of this instrument you prevent the introduction of a foreign substance into the wound, that should retard the healing process. Yours, &c. E. R. Smilie.

Derry, N. H., September, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1844.

Medico-Literary Accumulations.—After an absence of nearly two months we have again resumed the pleasant labor of preparing materials for the pages of the Journal. A mass of medico-literary matter has been accumulating during that period: there are books of value, and those hardly worth noticing; pamphlets of all kinds and dimensions, advocating almost every interest in Christendom; catalogues of various institutions; circulars; student-catching reports of unprecedented success; hospital returns; dispensary benevolence, blowing a trumpet; and, lastly, many personal letters, most of which yet remain to be answered. No better evidence of the habitual industry of the profession of the United States could be presented, than the gradual increase of medical all-sorts which cluster round an editor's table in a single month. Each document belonging to the formidable pyramid of things before us, will receive appropriate attention in the process of regulation which is being pursued. None, therefore, with this explanation will consider themselves either neglected or forgotten. Our thanks are due for many favors. In a word, physicians, as we have found during our absence and on our return, are exceedingly obliging, as a class—and they deserve, at the hands of an intelligent public, the meed of praise that is cheerfully accorded to them by ourselves.

Accusation of Mal-practice.—Western New York is becoming dangerous ground for a surgeon, according to the court dockets. A man may be ever so well qualified for practice, and yet be constantly liable to vexatious suits, instituted by ignorant, unprincipled persons, sometimes urged on, it is presumed, by those who have a private grudge. Several gentlemen, distinguished for their attainments in operative surgery, assured us, the other day, while passing from Buffalo to Albany, that unless a better state of things could be brought about, the medical practitioners in that part of the country would unitedly refuse to render any assistance in cases of fractures and dislocations.

Readers of this Journal must have a distinct recollection of the trial, a few years since, at Cortlandville, N. Y., in which the surgical treatment of a patient by Dr. Shipman was placed in opposition to that of the defendants in the case. Very unexpectedly to us, but apparently to the gratification of one writer, at least, whose letter is before us, Dr. Shipman has himself been arraigned for mal-practice; and we are extremely sorry to perceive that a spirit of exultation is expressed, without much qualification, that Dr. Shipman is forced into a legal hopper, where he stands a chance of being ground up, as some of his neighbors have been before him. This is certainly in bad taste, and presupposes a vindictive heart. No man is justified in rejoicing over the afflictions of another, even if he justly deserve them. Anonymous communications in respect to the asserted facts, &c., will not be printed, nor shall we publish a line having reference to the case, unless accompanied by a responsible name. The decision of the tribunal, where the cause is tried, will be given, of course, whenever announced.

Artificial Abortions.—A singular doctrine, we are informed, has been taught here within a few weeks, which strangely conflicts with the public sentiment, and the supposed experience of medical men. A worthless, itinerating quack having been accused of producing an abortion, as already mentioned in the Journal, being apprehensive of an arrest, fled from the city. Preparations for having the offender indicted were making, when, in order to render doubly sure what was already thought a sure case, the opinion of some magnates in the profession was sought, by a legal gentleman, as to the means resorted to, usually, to bring about premature expulsion of the fœtus. To the surprise of the inquirer, it is asserted that they unhesitatingly decided that abortion could not be effected by medicine!

Here the thing will rest for the present. But notwithstanding this learned opinion, so very contrary to the general belief of physicians, many fully believe that there are half a dozen unprincipled scoundrels, at least, in Boston, whose fees for accomplishing just what is declared to be impossible, are surprisingly large. These fellows are laughing in their sleeves at such a decision, which their daily iniquity contradicts, and which will hereafter be more openly conducted, since some doctors say the thing is impossible!

Abortions are probably quite as frequently brought about by drugs as instruments; but the perpetrators of these fœtal murders have always managed adroitly to escape punishment. Hereafter, they will be under no restraining fear, since by high and unquestioned authority it is established *that they cannot do what they are constantly doing* in violation of the laws of the land and the higher laws of God.

The Journal is open for the record of facts and for the discussion of this extraordinary doctrine, which is likely to have a pretty close investigation.

Preservation of Smallpox Poison.—A woman in the town of Plympton, Mass., put some dried pustules, from a smallpox patient, into a phial, which she buried in the year 1777. It has remained, undisturbed, till last week Monday, September 2d, when it was accidentally discovered. In opening a new road, the phial was brought to light, and at the same time broken by a spade in the hands of one of the workmen. The manner of depositing the phial appeared to have been thus: a hole was sunk with an iron bar to the depth of about three feet, into which the package was dropped, and a stake introduced after it, to mark the place. It was well known in the neighborhood that such a deposit had been made, the subject having been spoken of by the old lady herself, before she died, some years since, but the exact location had been forgotten.

Out of this circumstance some considerable excitement has grown up—and the question arises, will smallpox be developed from this source? The scabs were *corked* up—but the cork was perfectly sound, and the contents appeared a little moist, yet not changed, apparently, in external appearance, by the long imprisonment of sixty-seven years.

Should any bad effects arise from the sudden exposure of unprotected persons to the influence of this variolous matter, we trust that medical gentlemen in the vicinity will have the kindness to communicate the particulars. For the above intelligence we are indebted to Mr. Joshua Loring, of Plympton.

Beck's Manual of Chemistry.—On reading the title-page of this book, the name of Lewis C. Beck, M.D., the talented author, recalls a variety of pleasant thoughts. We were once fellow-associates and co-workers in a public institution, where he laid the foundation for that reputation which now gives currency to whatever emanates from his well-stored and highly-cultivated mind. This treatise has been some time before the public, having now reached a fourth edition. The Manual, as it now appears, is a large-sized duodecimo, closely printed on 480 pages. It contains a condensed view of the present state of chemical science, with copious references to more extensive treatises, original papers, &c. Dr. Beck's object was the construction of a text-book for medical schools, colleges and academies. There are also numerous illustrations on wood.

Chemistry, although of such vast importance, has been strangely neglected of late years in some of the schools of medicine. Lectures are delivered, as a matter of course, but a sufficient degree of value has not been placed on that department. Students attend, or not, very much as it suits their whim—never expecting or caring to know more of the science than will enable them to answer about one out of twenty questions under an examination for a degree. A new era is beginning to dawn, and chemistry, by a little effort, may again be hailed, as it has been, one of the most useful as well as curious of the sciences.

Dr. Beck seems to have considered the wants of medical students in particular—knowing, as he must, their general inattention to the subject. With this Manual, there is nothing to prevent them, or, indeed, any one else, of common capacity, from qualifying himself to understand all the laws and essential details connected with that useful study. Both the author and publisher, W. E. Dean, of New York, have our good wishes in regard to the success of the publication.

Enlargement of Lunatic Asylums.—At Hartford they are laying the foundation of two wings connected with the Retreat for the Insane, to accommodate from 75 to 80.

At Utica they are adding two wings, 225 feet long; the foundations are to be laid this season.

At Columbus, Ohio, they are erecting wings to accommodate 120 patients, in addition to the 120 already provided for.

Convention of the Superintendents of Insane Hospitals.—There will be a convention at Philadelphia on Wednesday, the 16th of October next, of the medical superintendents of the institutions for the insane in the United States, at which all, or nearly all, connected with these establishments, are expected to be present. Object: to discuss various topics connected with insanity and the institutions.

State Lunatic Hospital at Worcester.—Thirty-two patients have been admitted into the State Lunatic Hospital in the month of August. Present number of patients, 265. No death has occurred since the 22d of July. Remarkable health prevails for the season.

Additional accommodations will be ready for 100 inmates in the course of the autumn. Accommodations for 50 or 60 more are in progress.

Poisoning by Digitalis.—Dr. Wilson, of Leeds, relates the following case of poisoning by digitalis, in a late No. of the London Medical Gazette.

"The patient, a healthy, robust young man, was advised by a fellow-workman, who enjoyed the advantage of having studied Culpepper, to take "throatwort tea" for a common sore throat. Accordingly, he procured as much of the fresh leaves of the purple digitalis as nearly filled a quart pitcher, upon which he poured as much boiling water as the pitcher would hold, thus making a very strong infusion. Of this he drank a large teacupful on going to bed; the immediate effect of which dose was a long, sound slumber. In the morning he took a second cupful (which would probably be stronger than the first, from the leaves having undergone a longer maceration), and went to his employment. He felt quite dizzy and heavy; soon afterwards began to stagger, and lose his consciousness; and at last fell down in a state of syncope. Being conveyed home, and put to bed, he vomited severely, and complained of extreme pain in the abdomen.

"When visited he presented the following symptoms:—he lay supine, very cold, pale, and covered with a copious perspiration. He was conscious, but complained of violent pain in the head: the pupils dilated.

"The pulse was extremely low, three or four feeble pulsations being succeeded by a complete intermission occupying several seconds; the whole number of beats not exceeding 38 or 40 in the minute: each stroke, though very weak, was given with a peculiar explosive shock.

"He complained of great pain in the epigastric and umbilical regions, and had incessant and severe vomiting. The bowels were confined: the function of the kidneys was completely suspended: there was a considerable and constant flow of saliva.

"He was ordered brandy, ammonia, &c.: warmth was applied externally, his head kept low, and, after some degree of reaction had taken place, purgatives were administered.

"Under this treatment he gradually revived, but could not for several days bear the upright position. The pulse also presented its peculiar beat and extreme weakness for a similar period. After this, he gradually but completely recovered."

Frowning.—Mr. May narrates the case of a lady, thirty-four years of age, who had been affected for seven years with almost continual spasm of the orbicularis palpebrarum, and the muscles allied in the production of frowning, and which no treatment could stop. Mr. May supposed it was a habit, and ascertained that by making pressure on one brow, frowning was prevented. A patch was ordered to be worn on each eye for a few hours alternately, covering the eye, and making gentle pressure on the brows. The habit was thus broken, and a cure effected.—*London Medical Times.*

Medical Miscellany.—The Inspector-General of Prisons from the island of Jamaica, has recently visited the prisons and institutions for the insane in the United States. He is authorized by the Governor of the island to offer a premium of £100 for the best plan of an insane hospital.—On the 21st of August the New Orleans Board of Health reported several cases of yellow fever.—A great deal of sickness exists on the Missouri river. The prevailing disease is of a bilious character.—A renewal of the water project is beginning to attract public attention in Boston.—Scarlet fever is rife again in some parts of Massachusetts.—Accounts from Galveston, Texas, say that the yellow fever is making fearful ravages in that place. —A bilious fever, says the Hagerstown News, is prevailing in some sections of Maryland, which has been quite fatal among small children. At St. Louis, also, in Missouri, the mortality of small children has been particularly severe of late. Two physicians of that city—one of whom is Dr. Prather—for being some way implicated in having anatomical subjects in the medical college, of which they are professors, out of which grew a mob the last season, have both been tried and convicted. Their sentence was *five cents fine and five minutes imprisonment !* They have paid the one and suffered the other. The majesty of the law has been thus vindicated, and those uproarious people, who are opposed to granting facilities for the acquisition of anatomical knowledge, satisfied !

MARRIED,—In Mason Co., Ky., Dr. John W. Williams to Miss Charity Johnson ; Dr. Sterling E. Broadwell, of Cynthiana, Ky., to Miss Drusilla C. Ball, of Lexington.

Number of deaths in Boston for the week ending Sept. 7, 49.—Males, 31 ; Females, 18.

Of consumption, 4—wounds, 1—typhus fever, 3—bowel complaint, 5—fits, 2—bronchitis, 2—croup, 3—infantile, 6—inflammation of the bowels, 1—cholera infantum, 3—throat distemper, 1—scarlet fever, 6—dysentery, 1—dropsy in the brain, 2—abscess, 1—scrofula, 1—slow fever, 1—debility, 1—teething, 2—dropsy, 1—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 60 years, 13—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat.* 42° 15′ 49″. *Elevation* 483 *ft.

Aug.	Therm.		Barometer.		Wind.
1	from 67	to 80	from 29.36	to 29.37	S W
2	71	84	29.40	29.49	N W
3	66	82	29.39	29.51	N W
4	66	76	29.13	29.20	S W
5	58	74	29.27	29.35	N W
6	56	73	29.30	29.35	S W
7	60	76	29.30	29.40	N W
8	61	81	29.44	29.46	S W
9	64	81	29.24	29.42	S W
10	73	77	29.18	29.26	W
11	58	73	29.30	29.33	N W
12	54	70	29.42	29.48	N W
13	53	79	29.53	29.56	S W
14	58	70	29.61	29.66	S W
15	55	82	29.62	29.66	S E
16	56	82	29.48	29.59	S W
17	from 63	to 86	from 29.33	to 29.39	S W
18	62	81	29.44	29.54	N W
19	64	76	29.53	29.58	S E
20	68	84	29.43	29.47	N W
21	60	75	29.57	29.59	N E
22	51	74	29.46	29.61	S E
23	56	73	29.00	29.18	S E
24	58	70	29.03	29.05	N E
25	60	70	29.05	29.05	E
26	54	76	29.13	29.24	S W
27	56	72	29.19	29.19	N E
28	60	70	29.14	29.20	N E
29	52	72	29.18	29.29	N W
30	54	73	29.34	29.43	W
31	58	79	29.49	29.54	W

This month has been favorable to the farmer. There has been much fine weather, with such frequent showers as have been favorable to vegetation. The staple crops look finely, and the minor vegetables are good. Range of the Barometer, rom 29 to 29.66. Thermometer, from 51 to 86. Rain fallen, 3.39 inches.

The Uncertainty of Medicine.—Medicine is an imperfect science, first, because it treats of the relations and properties of matter in an organized form. These relations and properties are exceedingly complex, intervolved, and changeable. Organization implies complication, and vitality is ever accompanied by incessant mutation of action. The second source of the imperfection of medical science is the multiform variety of the objects of its study. The third reason of its imperfection is, that so many of the facts accumulated are not comparable and consistent. Thus, how numerous are the false and therefore worse than useless facts in medicine; how many imperfect, and therefore deceptive facts; how unmeaning many of its facts; and, lastly, what wonderful, and therefore merely curious histories have we in medicine.

But besides, medicine is imperfect, because it does not admit of the use of the most perfect instruments of calculation. We possess very few accurate instruments compared to the great number of objects to be examined. Facts existing in groups, a complication of circumstances, the blending of relations and properties, these present hard problems for solution, to the physician.

Life and its phenomena; disease, its causes, symptoms, nature and seat; the remedies to cure, and the agents to destroy; the law of reparation and conservation, and the law of decadence and death, working now in parallel lines, and now in antagonism, within the elaborate structure of the human frame; these must be searched into, and by severe analysis reduced to their elementary forms of truth.—PROF. J. P. HARRISON, in *Western Lancet.*

Opium not indicated in Cholera Infantum.—The use of opium in any stage of cholera infantum we esteem worthy of the strongest condemnation. In the greater majority of cases, occurring under our own observation, where the brain or its members was affected, this drug in some form had been administered by parents or officious friends. Numerous professional gentlemen with whom I have conversed upon the subject, have given their testimony to the same fact. We cannot forbear quoting the observations of Dr. Sigmond in regard to this point of practice, as we are persuaded that their importance is not sufficiently appreciated. "To manage the use of opium, or other medicines, of the same class, adroitly, either in adults or in children, when it is our object to subdue nervous irritability, is by no means an easy task. There are not many of the diseases to which infancy or childhood is subject in which you will find this drug at all necessary, and in by far the greater number it is altogether inadmissible; this most probably arises from the great predisposition that exists at that period to arterial acceleration and to cerebral affection. The only circumstances which imperatively call for its administration are very severe bowel complaints, which can by no other means be controlled, and also those alarming convulsions which occur at that period, and which sometimes threaten immediately to terminate existence; in such instances the necessity for quick relief, and the urgency of the case, may demand from us the having recourse to means which in themselves, under ordinary circumstances, would be objectionable. We must then administer very minute doses, must take care that if any unfavorable symptoms arise we have the means of checking their progress."—*Illinois Medical and Surgical Journal.*

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DR. WILLIAMS ON CHRONIC ENTERITIS AND DYSENTERY.

In chronic inflammation, the parts affected are sometimes of a dark color, and sometimes there is with this a brownish tinge. We should, however, endeavor to separate the acute forms of membranous inflammation from those which are follicular. In the case of certain poisons taken into the intestinal canal, we see this follicular form of inflammation, and symptoms of ulceration. I take this opportunity of stating that there are several disorders occasionally complicated with acute inflammation, not so immediately arising out of it, as from the obstructions which it causes. For example: where the intestines have been considerably disordered by a previous attack, or by fever, such as typhus, and this has been accompanied by ulceration of the intestines, the parts become affected by a narrowing, or kind of stricture; the canal is reduced in volume from the efforts of cicatrization; and ever after that, the individual, so affected, is subject to great constipation of the bowels, which, if neglected, goes on to irritation and inflammation, and an attack of enteritis, of the severest form, is the consequence. Sometimes, too, intussusception and invagination occur, where one portion of the intestine becomes forced, as it were, into another, from some spasmodic action. The constricted portion may be forced still further down by the peristaltic action of the abdominal muscles, and by the pressure of the fæces, while straining at stool, or on other violent exertion; the upper portion becomes forced down into the lower, and thus invagination takes place. Sometimes inflammation is set up in the obstructed portion, which extends to the invaginating portion, and the result is adhesion of the parts; sometimes, too, ulceration takes place; and it not unfrequently happens, in cases of enteric diseases, that dysentery occurs. I have met with such cases frequently: it occasionally accompanies acute diseases, and is sometimes connected with fever; large portions of the intestines, as it were, become sloughed away, and yet the patients have recovered. This is seen by the *post-mortem* examinations. Also, portions of the intestines have been seen to pass away by stool.

At the conclusion of the last lecture I was passing from the subject of chronic gastritis to *chronic enteritis*. Chronic enteritis is the sequel of the acute, or the sub-acute, form of the disease. It not unfrequently arises spontaneously, from long irritation of the fæces, or improper food, or from purgative medicines too freely administered. It is, too, apt to occur from an obstructed state of the bowels, of long or habitual recurrence. Sometimes it is a concomitant of various tuberculous diseases. I have mentioned the manner in which inflammation is apt to recur again and again, and that disease of the intestines puts on a chronic form from the frequent repetition of acute or sub-acute attacks, which thus materially injure the functions of the organs, and cause their obstruction. In chronic enteritis, there is more or less tenderness in the abdomen, particularly in the lower region; and with that tenderness there is occasionally continued pain, felt sometimes in the iliac region, and particularly about the umbilicus, the bowels never being free from some feeling of tenderness. Usually, in this disease, there is diarrhœa, and in this respect it is greatly distinguished from the acute form. This is not of constant occurrence, for you do find cases of chronic enteritis, in which there are the most troublesome symptoms of constipation, and now and then there comes on an attack of diarrhœa. In proportion as the inflammation is lower down in the small intestines, and occupies the ileum and the colon, there is greater tendency to diarrhœa. The stools are much disordered. Sometimes there is a great deal of slimy and mucous matter; the fæculent matter is much discolored; sometimes green, at other times very dark, and imperfectly mixed with bile. The passage of each stool is usually accompanied with more or less pain. There is, too, in this disease, excessive emaciation, and a dry and wrinkled state of the skin, which appears too large for the flesh which it covers. It is remarkable how loose the skin becomes in chronic enteritis, more so than in other diseases. The skin of the belly often shows this to a remarkable degree. The *post-mortem* appearances met with in this disease are: various changes in the ileum, a peculiar redness, and usually a sort of brownish-red discoloration, in some cases going on to ulceration, to a considerable extent.

The treatment of chronic enteritis is to be conducted very much on the same principles as that of chronic gastritis. Local bloodletting may be employed, if the strength will bear it, repeated from time to time, and particularly to be used where there is any sudden increase of pain or tenderness, accompanied by fever. Blistering may be adopted, and various counter-irritants on the abdomen, and tartar-emetic friction, to produce pustular inflammation of the integuments. Fomentations may be used in slight cases, and mustard poultices also, from time to time. Likewise, the application I alluded to before, as useful in the sub-acute form of gastritis: a piece of flannel, dipped in some stimulating liquid, and covered with Mackintosh cloth, the object being to keep up action as a derivative and counter-irritant; it may be used several times in the twenty-four hours. In some cases, pitch plasters are of use, when the disease is more chronic, as an external application. Then the disordered state of the secretion commonly points out the propriety of using aperients, partly to evacuate the canal, and to unload the inflamed vessels. Those medicines that act on the upper part of the canal are often useful in these cases; such as hydrarg. cum. creta, and blue pill, combined with Dover's powder, or conium. These may be given at the same time that we are using means to promote the evacuation of the lower part of the bowels, by injections of mucilaginous, or oily liquids. Should the diarrhœa prove excessive, we may, after this, make use of certain astringents, such as the nitrate of silver, the sulphates of zinc or copper, the acetate of lead, &c. The utility of these medicines is sometimes very great, and even in other cases, in small doses, they are of considerable efficacy in promoting the return of the intestine to a natural state. In fact, you may consider, when you exhibit these medicines, that you are doing the same as when you act on the external surface by the application of a wash, containing these matters in solution. Sulphate of copper is, perhaps, one of the best remedies of this kind, in doses of a quarter of a grain, or even less, with a grain of conium, according as there is diarrhœa present or not. When diarrhœa is not present, conium or belladonna answers the same purpose; if diarrhœa exist to any extent, a rather free use of opium may be desirable. This may be continued for a considerable length of time, and so long as you do not cause an increase of pain or tenderness in the abdomen, and you do not block up the bowels altogether, it generally tends to do good. If the bowels require greater relaxation, castor oil or sulphate of potash, and sulphur, answer very well. The diet should be confined strictly to farinaceous food, or a very little animal food mixed with it. Adhere as strictly as possible to this, with a view to keep the fæces as pliant as possible; for it is known, that the fæces arising from farinaceous food are less irritating than those resulting from animal food, and that is one reason why animal food is naturally constipating. Allspice, condiments, fruit, and everything of that sort, should be most carefully avoided. In some instances, various vegetable tonics are useful, to improve the general strength and the appetite.

The next disease to be considered, is an *inflammatory affection of the lower part of the intestinal canal, or the great intestines*, the symptoms of which are comprehended under the term *dysentery*. We find in inflammation of the stomach, that one of the most constant symptoms is obstinate vomiting, while the most constant symptom of intense inflammation of the small intestines is obstinate constipation. We now come to the lower part of the canal, and if you recollect the function connected with this part of the intestine, you will be ready to understand what are the peculiar symptoms that occur in this inflammation. There is a dysenteric straining, an effort to evacuate the canal. You find that inflammations of various parts usually produce some remarkable disorder of the functions of those parts. We find cough, as a characteristic symptom, occurring in connection with inflammation and irritation of the air-passages; a dysenteric straining, and diarrhœa, arising from inflammation of the lower part of the bowels; and dysuria, a frequent desire to make water, from inflammation of the neck of the bladder. With the straining efforts caused by this disease, there are griping pains referred to the colon, the hypochondriac and right iliac regions, extending from the rectum, sometimes, over the whole abdominal region, accompanied with tenderness on pressure.

There are several varieties of this disease, varying considerably in degree. In some, there is a simple diarrhœa; the stools are at first fæculent, with a mucous discharge, in great quantity; and there is a frequent desire to evacuate the canal, and the stools are streaked with blood. There is, too, thirst; the tongue is usually furred, and the abdomen tender. In the slighter forms of the affection, the pulse may not be much affected. Now, this form of dysentery arises from irregularities of diet, unwholesome food, or a great accumulation of fæces in the bowels. This affection may last from four to eight days, and may pass into a chronic form. Sometimes, disease of this kind is epidemic, occurring in the autumn; and, in these cases, it is accompanied by constitutional symptoms. The diarrhœa may be attended by shivering and fever, coming on worse at one time than another. In the severe form of the disease, there is usually vomiting, and spasmodic irritation of the upper part of the canal: the skin is hot, and the pulse hard and quick; the tongue white, and in extreme cases brown; and there is excessive thirst. Everything taken into the stomach seems to increase the desire to go to stool, and also the pain accompanying it. The irritation of the lower part of the intestine is sometimes so severe, that there is a constant desire to discharge urine and water; there is at times a difficulty in making water, a state of dysuria, and sometimes cramps in the limbs; all this arising from the reflex irritation of the nerves of the intestines. The matter discharged in the most serious cases is not only of a bloody, mucous character, but sometimes there is a more solid matter, a sort of lymph or albumen voided, in considerable quantity, in the form of shreds and patches. Sometimes, too, fœtid matter is discharged under these circumstances. If no relief occurs, great prostration of strength takes place; the pulse becomes feeble, the extremities cold, the tongue brown and dry, or sometimes aphthous ulcerations are manifested; the evacuations, sometimes dark, and very offensive, contain, as it were, matter in a state of half putrefaction, a brownish or reddish liquid, smelling quite putrid; this is accompanied by a general feeling of prostration and despondency, and hiccup and death take place in a longer or shorter period from the commencement of these symptoms. When the disease is of a more mitigated character, which it usually is in this country, there is less desire to evacuate the bowels, and blood shortly ceases to be discharged.

Now, there is a disease of a worse description than that I have alluded to, occurring in tropical climates, so severe that it has obtained the name of *malignant dysentery*. This commences like the other forms of dysentery, but is soon accompanied by great prostration of strength from the dysenteric symptoms; there is excessive pain in the hypochondriac and epigastric regions, with a discharge of bloody, fœtid serum from the bowels, and, in some cases, many inches of membrane slough away, and are thrown outwards. This disease destroys thousands of our troops in hot countries, and it is in fact one of the scourges of tropical climates. It appears obviously to be caused, or at least greatly promoted, by malaria, arising in certain districts, in damp, low situations, especially after a sudden transition of temperature: these circumstances being added to irregularities of diet. The attack usually comes on in the night. It is a question whether it is contagious or not. Sometimes, the febrile symptoms are more slight, and the dysenteric phenomena are more insidious. Now, on the *post-mortem* examination, the lining membrane of the bowel presents a reddish, or a brownish color, with a thickened state extending along the colon and the rectum, chiefly the colon, and sometimes ascending as high as the ileum: the membrane being covered with a bloody mucous secretion, and patches of pus and lymph. This is the result of the acute form, while, in the chronic species, ulceration takes place. The liver is not necessarily much diseased. It is true that in tropical climates, the liver is often diseased, but it does not appear to be a necessary part of dysentery.

The *treatment* of this inflammation, in the first instance, will depend on the amount of fever present. In some cases, there is no fever in the first instance, and all that is necessary then, is to evacuate the canal, and get rid of the causes of irritation in the colon. If the colon is thoroughly purged, the dysenteric and irritating straining ceases. When there is great tenderness in the colon, then it may be necessary to apply leeches, and if fever is present, often bloodletting may be useful. This may be repeated, and poppy fomentations and poultices applied ; warm baths, also, may be used, as a means of removing the tendency to dysenteric straining. The question has been often asked, whether it is expedient to give purgatives in this disease ? It seems to me, that they may often be employed with advantage at first, in order to evacuate the canal. When this disease is preceded by constipation, and where there is anything like resistance in the abdomen—when there is a hardness, and tympanitic feeling—it is generally useful to give aperients—mercurial preparations, followed by castor oil, or calomel and opium, or else calomel combined with conium and belladonna, in repeated and pretty considerable doses. If, in the first stage of the disease, large doses of castor oil are given, the symptoms will generally be most effectually relieved. Ipecacuanha is much recommended ; it relaxes the spasms, and causes determination of blood to the skin. It is of great consequence in dysentery, to keep the skin warm ; the surface of the body should be exceedingly well clothed, and the patient should not be allowed to go out into the cold air. It is, sometimes, desirable that the patient should even remain in bed, to keep up the temperature of the body. If the tenesmus be very urgent, it is necessary to give narcotics—opium or morphia : belladonna is also given with great effect, and Dover's powder and ipecacuanha, in the form of mucilaginous enemata, as well as by the mouth. Now, there is another combination that may be added to these injections, calculated to allay the irritation of the lower canal—that is, sugar of lead, used as an injection, to modify the dysenteric straining ; it has a peculiar efficacy, when combined with laudanum, in relieving the inflamed colon. Local bloodletting is often useful. The diet should be strictly farinaceous, such as rice and gruel, without much liquid at a time ; for much liquid increases the mischief. After the inflammation and fever have subsided, and also the constant pain, there will often be an occasional discharge of bloody mucus, and a tendency to straining and griping, occurring from time to time. In these cases the disease becomes sub-acute or chronic, unaccompanied by any acute symptoms, and this is best treated by injections of starch with nitrate of silver, or sulphate of copper; sugar of lead often answers extremely well. I have, however, found the sulphate of copper to be the best of any.

Chronic dysentery often supervenes on the acute form; it is usually connected with ulceration, and there is extensive organic mischief, ending in a terrible amount of disease. In chronic dysentery, the patient sinks from the accumulation of mischief, and it is only when the symptoms become considerably ameliorated, that we can hope for a cure. The symptoms of the chronic form are something like those of the acute, but less constant and severe; the feebleness and emaciation increase; the abdomen becomes tender; the evacuations mostly of a disordered description, sometimes fæculent, and at others mixed with a mucous and bloody matter, and of an extremely fœtid odor. The straining is very great. The tongue is red and glazed, and exhibits a patchy appearance. The skin presents an altered aspect: it is dry and rough; it seems to be loose and wrinkled, and has a remarkably sickly appearance. Sometimes œdema occurs; and a strikingly sour odor is exhaled from the skins of persons laboring under chronic dysentery.

The *treatment* consists in means calculated to subdue the pain and irritation accompanying the disease, and to heal up the ulcerations which usually form in the course of the intestine. When these ulcerations are small and few, they may be cured; but when they are extensive, there is no hope of recovery. When the evacuations are very bad, the strength greatly prostrated, the pulse frequent, and emaciation increasing more and more, there is little or no hope to be held out; but, where the contrary symptoms take place, we may anticipate improvement. The *treatment* should consist of remedies to improve the secretions; such as small doses of mercury and Dover's powder, and in evacuating the canal by means of mild doses of castor oil or rhubarb, and restraining the diarrhœa from the lower part of the canal by injections of nitrate of silver and sulphate of copper; it is also useful to administer some vegetable tonics. Considerable advantage arises from the application of rubefacients and counter-irritants to the abdomen, followed by blisters, and leeches to the anus. Turpentine liniments may be used with a view to remove the excessive pain, and alleviate the tendency to straining, and thus promote the return of the intestine to its natural condition. The most effectual remedies are the metallic astringents, which may be given by the mouth or by the anus. In the next lecture, I shall take up the hæmorrhagic affections of the stomach and intestines.—*London Med. Times.*

MEDICAL LEGISLATION IN CONNECTICUT.

[IN the present state of the question as to the expediency of medical practice being made a subject of legislation by our State governments, the views of the profession in regard to it in all parts of the country are important. The concluding part of the last annual address before the Connecticut Medical Society, by Dr. W. Hooker, just published, bears upon this point; and his opinion of the matter, so far as that highly respectable Society is concerned, is fairly and fully expressed, and is entitled to consideration from his own high standing. We take the liberty of copying it.]

I cannot conclude this dissertation without remarking upon one event which touches materially the interests of the profession in this State. I refer to the repeal of the eighth section of our charter. If this repeal simply gave to the empiric the right to collect, in common with us, his dues, I would not waste a word on the subject. It is a great mistake to suppose that this is the point of our objection to that act of the legislature. The results of that act, of which we complain, are of vastly greater importance than this. We object to it, first, because the legislature in their capacity, as the representative wisdom of the people, have thus openly said that education in medicine is valueless, and that the community need none of that protection against the hazards of unskilful ignorance which is thought so necessary to guard all other stations of responsibility and trust. And we object to it, secondly, that this act has, without any consent on our part, essentially affected our organization—that is, as a Society existing under the protection and supervision of law. For in that repealed section is contained the only provision pointing out the kind of persons who shall compose the Society. So that no physician who was not then belonging to the Society can become a member under our present regulations: and when those who were members by law when the act of repeal was passed, shall all be deceased, the Society, in the eye of the law, will be deceased also, if things are allowed to remain as they now are. Though, as I shall soon show, another part of the charter fortunately furnishes as with the means of repairing the breach thus made, nevertheless the legislature has destroyed the *present* principle of our organization, upon which the Society has acted for years, and has driven us to the alternative of asking for a restoration of this, or of adopting a new principle for the admission of members. This result was probably not intended by those who passed the act. But it is not wonderful that, when the legislature undertook to give its sanction to quackery, it should betray its own quackery by the commission of so gross a blunder as this certainly was.

And here I would remark that the Thomsonians have made a great mistake, as well as the legislature. The repeal of the eighth section places them in no enviable attitude. Besides taking out of their mouths the false but popular cry of persecution, it opens the door for quackery too wide even for them. The effect will inevitably be, that this mode of practice will be taken up by so many fresh from the workshop and the field, that it will be profitable to no one. And the people, too, are beginning to see that as it is claimed that very little discrimination is needed, and that but a few hours' study is required to enable one to practise Thomsonianism, they can do without a doctor as well as they can with one in administering Thomsonian remedies. Some of the Thomsonians themselves, when they found that the eighth section was at last really to be repealed, were shrewd enough to foresee these results, and actually endeavored to prevent its repeal, and to get an act passed, granting to those who had gone through a certain length of Thomsonian pupilage the same privileges with the members of our Society. They had thus the effrontery to ask that they might possess, in common with us, that which they have always branded as an unjust and odious monopoly. This is a *morceau* in the history of Thomsonianism too precious to be lost.

In the present legal condition of our Society, it becomes an inquiry of some interest, what course it is most advisable for us to pursue. I have said that since the repeal of the eighth section no new members could join the Society, under our *existing* regulations. And yet it appears clear that there is granted to us in another part of our charter the power of making such regulations as will effectually remedy the evil. You will find in the fourth section of the acts of incorporation, as passed in 1834, that we have the power "to make rules for the admission of members"—a very brief expression, but giving us as comprehensive a power as we need for our purpose. This power has hitherto been exercised only in relation to unlicensed physicians who began practice previous to the year 1800; all other cases being considered as covered by the eighth section, which says that "all persons licensed to practise physic or surgery, and practising within the State, shall, *of course*, be members of the Medical Society." That it can be exercised in regard to all other cases by the adoption of some regulations on our own part, there is not a doubt.

In this state of things, there is some difference in the views of physicians as to the proper measures to be adopted. Some are in favor of surrendering our charter wholly, and becoming a purely voluntary association, having our own private rules and regulations, without any regard to law. In this case we should be obliged to begin *de novo*, and the difficulties that stand in the way of this, in relation to our fiscal affairs, the labor of perfecting our organization, so as to be satisfactory to all, and the dissensions which might arise on various points, I need not stop to notice.

Others prefer to adhere to our present organization, provided that the legislature can be persuaded to repair the breach which they unwittingly made in it. Others still choose to go on with what is left to us by the legislature (and which I think is all that is necessary for our purpose), making such regulations as we shall think proper, for the admission of members.

I should much prefer the last of these three propositions. This will not, it is true, enable us to *compel* every licensed physician to join us, whether he desires it or not, as the eighth section did. So far as the admission of members is concerned, we shall thus become a voluntary association. And the more I think of membership by compulsion, the more repugnant it is to my feelings. If it be not a privilege to belong to our Society, which the physician will seek for, it is not worth the trouble of keeping it in existence. And the fact that it has thus far been considered a privilege, has, in spite of the occasional complaints from discontented members, effectually saved us from the odium which would otherwise have been attached to this feature in our organization.

Our present plan of organization under the protection and supervision of law, I think should be essentially adhered to, for this simple reason, if for no other; that it has been put to the test, and has been found to be very efficient in promoting the great object for which it was designed.

At the time that our State Society was formed, in 1792, the medical profession was in a bad condition. There was then no well-defined boundary between it and empiricism. The formation of our Society at once created such a boundary, and by enclosing the profession within the barriers of a prescribed education, protected it from ignorant intruders who might otherwise come in to degrade and injure it. And if the principles which lie at the foundation of our Society could be carried out into full operation, with the cordial and uniform support of the community, there would be almost no empiricism, and the benefits of educated skill would be secured to the public as thoroughly as it can be done by any organization. Whatever of deficiency there is in the attainment of this object is not to be attributed to any defect in the organization itself, but to the obstacles which lie in the way of its perfect operation.

There is one very common error in the public mind on this subject, which ought to be corrected. It is supposed that our State Society was formed for the benefit of physicians, to protect *them* from the evils resulting from competition with ignorance and imposture. This is by no means the case. The great object of our organization is to defend, not physicians, but the *people*, against the injury which they are liable to suffer from quackery. And it proposes to effect this important purpose by the only way in which it can be done; that is, by securing to the community the services of a body of well-educated physicians. The mistake has been in supposing the means to be the end; and too often has the protection of law been considered as a gratuity, conferred on physicians as a very deserving order of men, for their sole benefit; whereas the great design is to bestow a benefit upon society at large, and the advantage which accrues to the profession is incidental, and in fact subsidiary, to that design.

Public sentiment should be enlightened on this point. The people should be made to see that it is their own interest, which should prompt them, on the principle of self-preservation, to maintain, by the sanctions of law, those barriers which experience has shown to be the most effectual in guarding them against the monstrous, and often deadly, evils of ignorance and imposture in the practice of medicine.

The medical profession, let the people understand, is not dependent on the protection of law, and it comes not to their hall of legislation to beg any favor. It can have its own organization, and stand upon its own character alone. If the charter should be surrendered, and the plan of voluntary association should be adopted in full, renouncing all dependence upon law, those who entered into it would probably enjoy as much emolument from the practice of medicine as they now do. But, as law gives authority and steadiness to any organization, and makes it to have a wider hold upon the community, our Society without a legal organization would not contain as many members as it now has, and irregular and irresponsible practitioners would multiply. Under such a state of things the Society itself would be more pure and more free from empiricism than it is now ; and its members, a noble brotherhood, with an unsullied honor, and actuated by stern principle and devotion to the interests of medical science, would secure the confidence of the better part of the community. But while our Society and the profession would perhaps experience no real detriment from the change, the public would suffer from abounding quackery, beguiling on every hand the ignorant and the unwary.

EPIDEMIC ERYSIPELAS IN DELAWARE COUNTY, PENNSYLVANIA.

By Jesse Young, M.D., of Chester, Penn.

During the past spring and early part of summer, our neighborhood was visited by a severe form of erysipelas, of an epidemic character. I think for more than three months scarcely a case of disease occurred in my own practice, or that of several of my neighboring physicians, that did not, in some part of its course, manifest decidedly erysipelatous inflammation. It generally came on with the usual symptoms of catarrh ; which frequently continuing some days before medical advice was sought, the patient would be attacked with a severe and protracted rigor, succeeded by fever and violent pains of the head, back and bones ; with great restlessness and tossing about ; the pulse, for the most part, less disturbed than could be supposed from the first sight of the patient ; the tongue generally covered with a slimy yellowish coat ; clamminess of the mouth, which in a few days, if the disease was not arrested, passed to a dry, brown, and in many cases verging to a black appearance.

There was mostly a remission of the fever, pain, &c., in the morning, but during the remission the patient would complain of extreme wretchedness, with considerable prostration of the vital powers. After this state continued three or four, and frequently seven or eight days (but without any regularity in this respect), an erysipelatous inflammation would become observable on some portion of the surface, often on the head and face, but frequently on the extremities or some part of the body. When it came out fully, and remained on the surface, the case was generally more manageable than when it made its appearance in patches, for a short time, and then receded, which it was very apt to do. When this happened, the patients I believe rarely recovered. No matter what plan of treatment was pursued, the progress of the disease appeared to be onward ; and the patient, after suffering almost indescribable torture, for perhaps ten or more days, sunk, worn out and exhausted by the efforts of nature to overcome her too powerful antagonist.

In these cases, when the efflorescence came to the surface and remained there, the patient generally got well, after a protracted course of treatment, varying from one week to three or four.

In the commencement of the epidemic, some practitioners made free use of the lancet; but this was afterwards discontinued, from the fact that some patients sunk rapidly after it; and in some others who ultimately recovered, the physician could not determine satisfactorily whether the bleeding was attended with any good; or whether it did not in reality do harm, by inducing prostration, which required all his energies and skill to overcome. All united in opinion, after becoming familiar with the disease, that venesection was a dangerous, or at least a very uncertain expedient.

The course of treatment found to be most efficacious was, emetics of ipecac. and tart. ant. combined; afterwards cathartics of calomel followed with jalap, or some other article in a few hours; and after free evacuations in this way, mild diluent drinks of whatever kind of herb teas was most convenient. Under this mild course of treatment, with the application of *raw cotton* to the inflamed surface, the patients were generally conducted to a safe and speedy cure.

Where, however, the physician was not called early, frequently it ran on from day to day until great prostration ensued, and sometimes the erysipelatous surface took on a dark, livid appearance, and gangrene, with extensive sloughing, ensued.

Here, tonics, with powerful stimulants, became necessary. But this state of things was not apt to result, if medical aid was solicited in the commencement, and the above indicated anti-perturbating plan of treatment was at once instituted.

There are some cases of it lingering among us yet, though they are few. About three weeks ago I met with a very obstinate case of it, and I have a mild one on hand now. The former yielded to a steady perseverance in mild aperients and free diluents after emetics, repeated two or three times, and active purging in the commencement; and the latter is getting well under the same course of treatment, with the raw cotton to the inflamed leg.

Quite an unusual number of deaths occurred among us, but the most of them took place in the early part of the epidemic. This may be accounted for in two ways; in the commencement, people were not aware of the serious nature of the disease among us, and hence, on becoming ill, deferred sending for aid until it had taken full possession of, and drawn into sympathetic disturbance, almost all the organs or functions of the system. It was a disease, too, the physicians had not met with before; and it was one well calculated to lead us into *too active* a course of treatment. Thus, all came to the conclusion that the violent pains attending severe cases, although preceded by severe chills, or rigors, were of a neuralgic character, and yielded to anodynes and sudorifics, better than to direct depletion by the lancet and antimonials, &c.

What tended, however, more than anything else, perhaps, to do away the danger in most cases, was the state of the public mind. Everybody became alarmed, and almost every one acquainted with a doctor, was inquiring "what they must do, if they or any of their family got it?" To these inquiries, my uniform reply was, "send for your physician as soon as you or they are attacked." And this course became generally pursued, and the fatal cases nearly disappeared.—*Philad. Med. Examiner.*

TRIAL OF DR. SHIPMAN FOR MAL-PRACTICE.

[The following synopsis of facts connected with the law-suit at Cortlandville, N. Y., referred to in the Journal last week, has been communicated to us from a source that can be relied upon.]

Henry Brockway, æt. about 29, in jumping from a buggy while a horse was running away, fractured his leg and dislocated his ankle. Dr. Alfred Cook, of Summer Hill, Cayuga Co., and Dr. Samuel Lacy, of Groton, Tompkins Co., were both sent for. Dr. Cook lived two miles from the patient, and Dr. Lacy five. Dr. Shipman was also sent for, a distance of seven miles. The latter found a fracture of the fibula, three inches above the joint. The malleolar process of the tibia was broken off at the base, and the fracture extended into the ankle-joint. Ankle dislocated ; foot everted ; tibia projecting inward, and nearly protruding, with some very small openings extending to the bone. The malleolar process, which was broken off, was detached from its ligament and thrown forward on the top of the foot. Dr. Shipman was selected to set the limb, which he did with the assistance of the two physicians. There was a difficulty in bringing and keeping the malleolar process in place, for it inclined to move forwards (probably by the action of the tibialis posticus tendon). It was, however, secured by a compress and roller about the foot and ankle. Adhesive plaster was put over the wound. Scultetus's bandage was applied above the ankle to the knee, and two long splints, three inches wide, reaching from above the knee to the foot, wound with tow and well padded. The splints were applied to each side of the leg, which was laid in the extended position on a pillow, the foot supported with cushions and compresses. This was on the 17th of May, 1842. It was agreed that Dr. Cook should visit him daily, which he did ; and Dr. Shipman was to see him again on the 21st, which he did, and examined the limb, finding little swelling and pain, and no constitutional fever. Dr. S. agreed to see him again on the 24th with Dr. Cook, but being prevented by an obstetrical case in the village, sent Dr. Jewett, who was his pupil. Drs. Cook and Jewett dressed the limb. There was a little slough over the spot where the bone was nearly protruded. The fragment of the malleolus was a little displaced, which was put right by Dr. Cook, and the leg dressed in the same manner as at first. On the 29th Dr. Shipman saw it again with Drs. Cook and Jewett, and dressed it. It was doing well. June 3d, he again saw it with Drs. Cook, Lacy and Jewett. It still continued to improve. The slough had separated over the bone, which was bare to a small extent, with healthy granulations around its edges. He visited the patient again, and for the last time, June 10th, when he was dismissed by Brockway, and Dr. Cook took the sole charge of the case, and continued his attentions as long as was deemed necessary. Some time in the last of July or the first of August, Brockway went to Dr. Shipman's in a buggy ; he had not walked on his limb, but was on crutches. Drs. Jewett, Willson and Shipman examined it, and found the bones united, and the limb straight and in its proper position. He was cautioned against using his limb too early, as the joint might get distorted. Dr. Shipman saw no more of him after August, for some time, but heard that he was at work as a mill-wright, and was much pleased with the result of the cure.

Last spring Dr. Shipman first heard rumors that the patient was dissatisfied with his limb, that he had seen some physicians who told him that his ankle was out of joint, and advised him to bring a suit against Dr. S. for mal-practice. In May last he brought the suit in the Supreme Court, which was tried at the last circuit. S. A. Gates and B. D. Noxon for plaintiff, Wm. H. Shankland, Joshua A. Spencer and Daniel Gott, Esqs., for defendant. The plaintiff brought his brother and sister to prove that Dr. Shipman was employed to attend him, and that he promised to make a good limb. He also brought Drs. Cook and Lacy, who swore the limb was well set and dressed ; and also some of the neighbors, who testified that Dr. S. was employed, but to save expense, as he lived some distance, Dr. Cook was employed to attend him. Then came on the plaintiff's medical testimony to swear to the present state of the limb. Dr. French, of Lisle, Broome Co., is represented to have sworn positively that the ankle was now dislocated, the degree of which he could not precisely determine, but three eighths at least of the tibia at the ankle, if not more. But at this stage of the proceedings the plaintiff's counsel called on Dr. March, of Albany, who was in Court as a witness for Dr. Shipman, and he testified that the limb was not dislocated ; that there was a slight displacement, caused by the inner malleolus not having united so closely as it originally was, and the depression of the ends of the fibula against the tibia making a wider joint, or, as Dr. March illustrated it, there was too much glue used in forming the joint—meaning the callus, which made a wider joint. A good deal of callus was thrown out around the inner ankle, increasing the deformity, and giving it the appearance as if the foot was everted. Dr. March gave a very clear and accurate account of the anatomy and surgery of the ankle, its treatment, &c., sustaining Dr. S. in every particular. Dr. Batchelder, of Utica, Dr. Shipman's witness, was also called by the other side, and testified to nearly the same as Dr. March. The testimony of these two surgeons broke, it seems, the whole chain of the plaintiff's medical testimony. Some of his witnesses thought they could have made a better limb, and one of them, who was the most positive on all points, on his cross examination said he had never seen such a case as this, and had never attended a fracture of any kind through, himself, in his life ! Dr. Shipman is said to have called but few witnesses, Mr. Spencer, his counsel, thinking it not necessary. Drs. Jewett and Willson testified to the condition of the limb when the prosecutor came to Dr. S.'s office in the summer after the accident; and one or two of the neighbors testified that Brockway said he did not expect the doctor to visit him any more unless he sent for him ; this was between the 1st and 10th of June. Dr. S.

also called Professor Thomas Spencer, of Geneva College, who testified to nearly the same as Drs. March and Batchelder. Here the testimony closed, and Mr. Spencer summed up in a brief but masterly speech of about fifty minutes' duration. Mr. Noxon followed on the part of the plaintiff, and spoke three hours. The cause went to the jury between 5 and 6, P. M., on Friday, having occupied the Court since Thursday morning. The jury disagreed. At the first balloting it is said they stood nine for no cause of action, and three for cause of action; two of them soon came over, making eleven to one for no cause.

With regard to the present condition of the limb, it is said that there is a good deal of callus over the inner ankle, and the end of the tibia is enlarged, with depression of the fibula three inches above the ankle-joint. The joint is now anchylosed perfectly. There is limited motion, and the man walks with a good deal of facility, and gets good wages as a mill-wright. He is represented to be tolerably well off as to property.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 18, 1844.

Mackintosh's Practice of Medicine.—Presuming that those who are at all conversant with the present state of medical literature, are familiar with the charater of an admirable work on the *Principles of Pathology and Practice of Medicine, by John Mackintosh, M.D., &c.*, as it has been given to the American public by Dr. Morton, of Philadelphia, our observations on another edition must be short. Four editions have been published in England, and now, a fourth is rolling from a prolific medical press at Philadelphia. Dr. Morton's reputation for exactness and sound discretion, warrants the belief that he has given increased value to the successive editions. Indeed, nothing short of a rigid re-examination of every paragraph and line would be likely to suit his standard of accuracy in a manual of practice. With this knowledge of his character for thoroughly weighing every proposition, we feel doubly sure of the intrinsic value of this last edition. In the preface, that neglected part of all books, Dr. Morton says that he inserted various materials which, "but for the untimely and lamented death of the author, would have been far more ably supplied by his own hands; and in the prosecution of this task," he says, "my object has been to express myself with brevity, rather than to embarrass the work with unnecessary details."

This fourth edition is printed, bound and finished in a workman-like manner. The type, too, and paper, are distinct and fair—and, lastly, it is very cheap, as any one will acknowledge who may purchase at Ticknor & Co.'s, where copies are on sale.

Manual of Examinations.—J. L. Ludlow, M.D., of Philadelphia, has prepared what he designates a *Manual of Examinations* upon anatomy, physiology, surgery, practice of medicine, chemistry, materia medica, obstetrics, &c., expressly for the use of medical students throughout the United States. It is just the book required for drilling: the man who could answer readily half the questions propounded in it, would be entitled to the degree of doctor of universal knowledge. There is nothing particularly new in this method of imparting instruction; it is an old, but long approved system, which commends itself to the good sense of all well-regulated minds. Dr. Ludlow discovers a minute knowledge with all the leading departments of professional lore, which he imparts agreeably. He is careful to be exact. without being redundant in any paragraph.

It is from the press of Barrington & Haswell, and is on sale in Boston at Ticknor & Co.'s.

Moreau's Practical Midwifery.—A splendid quarto, containing eighty lithographic plates, true to life, has been some weeks before us. We are groping our way through a mass of new works, with a full expectation of soon doing justice to the merits of this elaborate and truly beautiful work. It was translated from the French by T. F. Belton, M.D., and edited by Paul B. Goddard, M.D., Lecturer on Anatomy, &c., in the University of Pennsylvania. The style of its typography is like that of Dr. Pancoast's mammoth work on Surgery. Messrs. Carey & Hart deserve great praise for their boldness in bringing forward such a valuable work.

Cyclopædia of Practical Medicine.—Messrs. Lea & Blanchard's edition is progressing rapidly. Part XII. was promptly on Ticknor & Co.'s counter last week, which is characteristic of the energy of the publishing house from which it emanates. Do young physicians generally know what a treasure is offered them in Dr. Dunglison's revised edition?—Without wishing to be thought importunate, we cannot very well refrain from urging upon them the claims of this highly meritorious undertaking.

Western Reserve Medical College.—To keep pace with the phases of each and all of the medical institutions of the country, requires something of an exercise of memory. We have no recollection of having spoken of the Cleaveland Medical College, Ohio, a department of the Western Reserve College, since the 1844 catalogue came out. While stopping there just long enough to call on our old friend and former colleague, Dr. Delamater, the other day, he kindly put one into our hands. On looking it over, there is perceived evidence of vitality there. Eight chairs presupposes pretty active movements of the students, to keep up with all that is taught. It must be kept in view that last season was the first in its history, yet there was a class of sixty-seven. An honorary degree of M.D. was conferred on six deserving gentlemen—and eighteen received it in course.

Lancet Cases.—Mr. Hunt, the ingenious surgical instrument maker at the corner of Washington street, has devised a lancet case which quite surpasses all former contrivances for the same purpose. The best patterns are manufactured of silver, which open by racking the extremities in opposite directions with the thumb and finger. The lancets are protected, easily withdrawn, and readily replaced. Another recommendation is the shape, which does not feel like an inconvenience in the pocket. Notwithstanding the great variety of lancet cases known to the world, those who look into Mr. Hunt's show-box will perceive there is certainly something new in their mechanism, even in these latter days, worth patronizing.

Revolving Gum Lancet.—Dr. Smilie, of Derry, N. H., who is beginning to be quite justly distinguished for his inventions and modifications of surgical apparatus, has sent us a gum lancet, of an entirely new construction. The blade actually revolves at the extremity of the handle, so that it can be applied to the tooth at all points. Some descriptions of unseen things are about as incomprehensible as the properties of light are to a blind man. Possibly this attempt may be of that character. We feel the difficulty of making the shape, mode of application, and general appearance of this unique device, clear to the reader's mind. Of one fact, however, there is a moral certainty, viz., it answers the intention of the inventor, and may ultimately come into extensive use.

Stomach Pumps.—Druggists should keep stomach pumps to let, on all emergencies, as they do syringes. Cases are continually occurring where life might be saved, if such an instrument were within reach. Physicians do not all keep one; and even if they did, it might in many cases be far more convenient to obtain one from an apothecary. Were apothecaries to provide themselves with them, they would, we think, not only get well rewarded for doing so, but they would often confer a peculiar favor on a distressed family, by arresting the fatal tendency of whatever had been taken into the stomach, that threatened the extinction of life. These pumps are not necessarily dear. Were they not considered especially the tools of a surgeon, they would be afforded reasonably. There should be more of them in the market, and practitioners should buy them, too, as well as druggists, for the three-fold purpose of benefiting the afflicted, of increasing their reputation for skill, and of encouraging the manufacturer.

Editorial Favors Desired.—The gentleman who preferred sending an article he had prepared to a distant Journal, when kindly invited to publish it here, cannot think us acting upon any other principle than his own, when we refuse to publish, second-hand, what was withheld on a courteous solicitation. His inordinate vanity to be extensively advertised must be gratified at his own expense, instead of ours. It is not our custom to assume the business of a common carrier, even of a good name. If the periodical in which the maiden report appeared, has a circulation too limited to meet the author's ambitious expectations, he will doubtless be more vigilant in future, and see that the vehicle of his communications has a subscription list as large as that whose co-operation he so ardently covets.

Treatment of Hare-lip.—A small treatise by Dr. S. P. Hullihen, of Wheeling, Virg., recently published, contains some exact directions for preparing the edges of hare-lips for a successful union, inserting the needles, applying the ligatures, &c. Dr. Lewis, of Boston, has been operating, of late, without any ligatures at all. Indeed, he looks upon what has heretofore been considered an essential part of the business, viz., weaving on a thread about the heads and points of the needles, as quite unnecessary, if not altogether useless. Pins, too, are being thrown aside. We saw a young man in the streets the second day after being operated upon, without pins, ligatures, or bandages ; the parts were swollen, to be sure, but admirably united. Dr Hullihen is evidently very ardently devoted to the improvement of his profession. To our regret we passed through Wheeling, quite recently, without recollecting, at the moment, that it was the place of his residence, where cases under treatment might, perhaps, have been visited.

Drawing Teeth in Africa.—Every man in Africa is his own dentist, says the Liberia Herald. When a person wishes to get rid of a bad tooth, it is brought about in the following manner. A fine, strong cord is made of the fibres of the palm leaf—one end of which is fastened securely round the defective tooth. To the other end is tied a stone, weighing from eight to ten pounds—which is lifted up at arms' length and then let fall. The troublesome member is out in a twinkling—much quicker, at all events, than it could be extracted by any instrument, in civilized hands —and that is the end of the operation.

Reprint of the London Lancet.—The last No. of the Philadelphia Medical Examiner exposes a gross deception which appears to have been practised in the pretended reprint, in New York, of this popular medical periodical. The contents of a single number of the work (No. 1087 London Ed.) as shown by the original and by the reprint, are exhibited side by side in the Examiner, and the result is shown in the following extract.

"It thus appears, that the valuable Lectures of Liston, occupying 8½ of the large columns of the London work, and illustrated with two woodcuts ; the communication of Fresenius, occupying 3½ columns ; and that of Dr. Heming, occupying 5½ columns—both on important subjects—are not contained in the New York edition : and if we add the space occupied by the other articles omitted, amounting to 11 columns, we have, on the whole, 28 columns omitted of 38—the whole reading contents of No. 1087 of the London Lancet!

"It is proper to add, that in the New York No. 1087, six of its comparatively small columns are occupied with Hospital Reports and Transactions of Medical Societies, not one of which is to be found in the number of which it professes to be a reprint.

"Surely some explanation is due to the subscribers and the profession for such unexampled deception ; as well as for the additional outrage of advertising on the cover of a professional Journal, the trumpery and indecent production entitled 'Becklard's Physiological Mysteries and Revelations in Love, Courtship and Marriage,' as 'a highly important work'!"

Fistulous Opening in the Right Cheek.—Mr. Robinson narrates, in the current No. of the Forceps, the case of a baker, who had an opening in the right cheek, opposite the first molar tooth, from which a fœtid pus had been discharged, at intervals, for the last five years. When the discharge ceased, which it did occasionally, he experienced acute pain in the whole side of the face, attended with swelling and deformity. His constitution also suffered from the irritation, so that he was frequently obliged to discontinue his employment. He had been treated for salivary fistula, and had had caustic and astringent injections, &c., repeatedly applied. On examining the mouth, not the slightest trace of as tump could be discovered. The gum was healed perfectly, neither were any of the adjoining teeth affected with caries or inflammation of the periosteum. The man stated, however, that ten years ago a tooth had been broken during an attempt at extraction, and that the fang was covered over by the gum. Mr. Robinson, upon examining the external opening, and introducing a small, curved silver probe, ascertained that it took the direction of the alveolar process, and came in contact with a hard and unyielding substance. Pressure on this was attended with increased pain, and there was, consequently, no longer any doubt as to the cause of this troublesome affection. Some difficulty existed as to the best mode of removing the stump, without producing more disfigurement than the disease had occasioned. The integuments were carefully separated, and about a quarter of an inch of the external wall of the alveolar process was removed. This admitted of the introduction of a strong, curved, pointed elevator, for extracting it: with considerable difficulty the stump was dislodged, and the opening injected with a zinc lotion. By attention to the general health, &c., the man perfectly recovered.—*London Med. Times.*

The Symptoms of the First Stage of Cancer of the Stomach.—The symptoms of cancer of the stomach are well sketched in the following passage :—

" Pale tongue, or of natural color ; mouth clammy, and with mawkish or sometimes a bitter or acid taste ; failure of appetite ; laborious digestion, especially of solids ; discomfort, uneasiness, and sensation of weight almost habitually in the region of the stomach, or dull and deep-seated pains in this region, increasing under pressure, felt when the stomach is empty, but most severe immediately after the ingestion of food ; breath heavy and nauseous ; eructations, with disagreeable sour and caustic taste ; great quantities of flatus. At a later period the epigastric pain is sometimes lancinating, with occasional excerbations, and gradually becomes continuous ; the bowels grow more and more obstinately constipated, and nausea with slight (and at first rare) vomiting of watery, ropy, viscid and glairy, sour or insipid matters occurs. Still later, a few mouthfuls of food are rejected after meals. The color commences to change, and becomes pale, wan, and sallow.—*British and Foreign Medical Review.*

Compound Fracture of the Bones of the Leg occurring during Pregnancy.—Mr. Hawkins mentions in the Provincial Journal, the case of a female who received a severe compound fracture of the tibia during the eighth month of pregnancy. Treated in the usual way, the external wound was healed in about a fortnight, and in five weeks the bones were firmly united. The patient was safely delivered at her full time.—*Lond. Lancet.*

Tubercle of the Bronchial Glands is a subject almost unnoticed by British writers; it has been, however, lately investigated minutely by M. Barthez. The symptoms of this disease are obscure, as it is seldom met with alone, but is generally combined with similar changes in the lungs. The author thus attempts the diagnosis. If we observe cough, emaciation, fever, and night-sweats, in a child, between three and four years of age, without being able to detect tubercle in the lungs, brain, or abdomen, we may suspect its presence in the bronchial glands.—*Provincial Journal.*

Medical Miscellany.—Dr. Franklin Lippencott, of New Jersey, has been appointed U. S. Consul for the port of Cienfuegos, in the Island of Cuba.—On the 29th of August, three cases of yellow fever were reported at Mobile.—" Dr. John Prescott, so called, of Fairlee, Vt.," says the Boston Post, has been arrested for charge of being the principal aider in the escape of Thomas Chubb, Jr., from the jail at East Cambridge.—Deplorable ravages have been made in Galveston, Texas, by the yellow fever.—No rain, it is said, has fallen at the island of Ascension for fifteen months past.—Considerable sickness has existed of late on the line of the Miami canal, Ohio, owing to the continued rains in the early part of the season.—Not a single case of yellow fever was to be found in the New Orleans Charity Hospital, as late as August 31st.—Bishop Onderdonk, who recently resigned the episcopacy of Pennsylvania, about thirty years ago was a practising physician.—There is a talk in Canada that Dr. Wolfred Nelson, a sufferer in the late rebellion, will have a bill introduced into the next provincial parliament, recommending that he be paid the pretty sum of *ten thousand pounds*, &c., for losses by the royalists.—The next medical convention of Ohio is to be held at Columbus, the 3d Tuesday of May, 1845.—M. Skolasi has notified the French Academy of Sciences that he has successfully operated for cataract on a man 104 years of age. Two very enthusiastic French savans have announced to the same dignified body, that they have discovered the *nervous fluid!*—Tobacco smoke is found to be a good application to gouty limbs.—A lady lately swallowed a set of artificial teeth—but the report does not specify how many constitute a set. Much anxiety is expressed in regard to the result.—Mr. Phelps, of Court street, manufactures artificial legs or arms, which work about as easily as those made up of bones, nerves and muscles. They look, too, quite as well as nature's best specimens, when properly clothed.—It is quite sickly in some parts of Illinois. The oldest physicians at Greenville say there has not been so much disease since 1835, a memorable period in regard to the public health.

To Correspondents.—The publication of Dr. Chapin's Fiske Prize Essay on Tenotomy will be commenced in the Jonrnal next week.

Married,—In Rutland, Vt., Hiram Crandall, M.D., of Stockbridge, to Mrs. Adeline E. Waters, of Rutland.

Died,—At Granby, Conn., Consider Morgan, M.D., aged 67.

Number of deaths in Boston for the week ending Sept. 14, 41.—Males, 16; Females, 25. Stillborn, 2. Of consumption, 4—scarlet fever, 4—typhus fever, 1—infantile, 5—disease of the heart, 1—enlargement of the heart, 1—canker in the bowels, 4—diarrhœa, 2—dropsy in the brain, 1—marasmus, 2—debility, 1—fits, 1—hooping cough, 1—measles, 1—lung fever, 1—canker rash, 2—cholera infantum, 1—liver complaint, 1—inflammation of the bowels, 2—spasm, 1—canker, 1—old age, 1—unknown, 1.
Under 5 years, 25—between 5 and 20 years, 1—between 20 and 60 years, 9—over 60 years, 6.

Smallpox.—It is doubtful whether this loathsome disease was known to the ancients or not; for many centuries, in modern times, at all events, it was reckoned as among the inevitable calamities of the human kind; since the discovery and general practice of vaccination, however, it has almost disappeared in some districts, and has diminished notably in its destructive powers in all. Among all the benefits which humanity ever received through man, no greater, or more important in its consequences, can be named than this. Till EDWARD JENNER lived, one twelfth of the whole human family was swept away by the pestilence of smallpox, and a much larger proportion was left bereft of sight, or shattered in constitution and hideously scarred, as evidences of its destructive power. Jenner's immortal discovery immediately, and as if by magic, set bounds to the pestilence. The number of cases, whether of genuine or of modified smallpox, which have appeared since Jenner's time, cannot be compared with the host that presented themselves previously. Even in the period when the influence of vaccination was less understood than it is at present, when content with a single operation at the beginning of life, and this often imperfectly performed, all kind of reasonable and necessary precautions against contamination were neglected, the mortality from smallpox was still infinitely less than it used to be in former years. In all those states which have taken the business of vaccination into their own hands, in which ample supplies of active virus are carefully provided, and where revaccination is encouraged in every possible way, smallpox may be confidently, and, without any exaggeration, said no longer to exist as a formidable disease. Vaccination is, indeed, a brilliant illustration of the advantages of civilization; it is one of the precious fruits that spring from human thought and inquiry; it is one of the costly prizes won by hearkening, with tutored ears, to the still, small accents of nature, which escape the uncultivated sense entirely. The health and life of millions, without sacrifice at the shrine of pain, and without denial, are assured through its means. This great discovery sprung complete from the labors of Jenner, like another Minerva in arms from the brain of Jove! and soon, like Pallas to instruct, did it set out, over the face of the habitable globe, on its God-like mission to save; nor did it once pause till it had penetrated to the helpless Indian under the shadow of the everlasting forest, and to the far Cathay! Thus does civilization, with her blessings, come to influence the savage and the semi-barbarian; favorably impressed through obvious advantages, he is prepared for the reception of the other less manifest, but not less momentous, privileges and immunities that follow in her train.—DR. MARX in *London Medical Gazette.*

Spontaneous Expulsion of the Fœtus.—Mr. Wardleworth was called to a woman, thirty-five years of age, in labor with her seventh child. On examination, he found the right arm, which was livid and swollen, protruded, and the shoulder was resting against the anterior portion of the pubes. On the recurrence of the uterine action, the shoulder was forced against the pubes, and by placing the fingers in the axilla of the child, at the same time elevating the shoulder, upwards and outwards, the thorax, breech, legs, head, and remaining arm, with the placenta, cleared the perinæum at one sweep. The child, a male of the average size, was born dead: the mother is doing well.—*London Lancet.*

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FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. IX.—BY JOSHUA BICKNELL CHAPIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Tenotomy.—Its Comparative Advantages and Disadvantages.

> "Et meæ, si quid loquar audiendum, vocis accedet bona pars."—*Hor. Odes.*

Orthopœdic surgery, of which tenotomy is a branch, as its primitives indicate—*ορθος straight*, and *παις* a *child*—had for its early object the correction and prevention of deformities in children alone ; but as now improved, it is directed to the relief of distortions in general, and as they occur at every age.

The principles upon which all therapeutical science is based, must, from the very necessity of the case, be exceedingly complicated. The evidence of the truth of these principles is often obscure, and but illy understood. The mark of separation between the certain, and the doubtful, is sometimes faint. It requires a close attention to the phenomena of organic life, a careful study of the laws that govern these phenomena, and of the evidence of the truth of such laws, to enable the surgeon, and physician, as well to avail himself of what is practically valuable, as also to detect not only error, but the source of error. It devolves upon him, not only to apply faithfully every improvement in his art, but to decide between that which *is improvement*, and that which *is mere innovation.* The practice of the latter often proves the more difficult of the two. The truth of this remark will apply equally well to medicine or surgery. In general, however, the principles of surgery are better defined than those of medicine, and its study has been pursued more rigidly within the limits of practical utility—but like the latter it has *its theory*, its hypothesis, as well as practice. It is this *love* of theory, the mania for new things, that has thrown both branches of the art of healing into confusion. Coupled with the ambition for something *brilliant*, it has led the member of the profession on to needless and frequent carving, and cast a dread, and opprobrium, over the most important division of the art. A surgeon, and a knife, have come to be synonymous terms. A skilful operator is deemed, almost of consequence, a cruel man. The members of the profession themselves are partly responsible for the vulgar prejudice. Every *well*-educated surgeon considers the use of the scalpel as of secondary consequence, and never resorts to it, except in aid of his main design. To triumph over infirmities by it, may deserve praise; to succeed without it should be our highest aim, and merits distinguished honor.

The propriety of tenotomy, or tendon-cutting, has been made a question of much important discussion. The defects which it proposes to remove are, for the most part, obvious and important; and it would appear, at first glance, that there need be but little diversity of opinion with regard to the effects of the operation. But such is not the fact. There are those among us, and elsewhere, who advocate the unconditional resort to tenotomy; or, what is closely allied to it, myotomy, without regard to the character of the deformity, or the peculiarity of attending circumstances. Those of the other extreme as unconditionally deny the utility or necessity of the operation. The reason for this diversity is sufficiently obvious. Very many of us possess an overweening attachment to what we call *our own*, or that of some favorite leader, which precludes the possibility of that rigid observation, and philosophical accuracy, which should distinguish the establishment of every principle, and the introduction of every improvement. We are apt to shut our eyes against any evidence that militates with preconceived opinions. Under this influence, arguments, on the one hand, are listened to as idle dreams, and on the other, facts are unqualifiedly affirmed or denied, without adducing a particle of proof of their truth or falsity. Moreover, the most trivial faults, as they are subjected to the inspection of the self-constituted critic, are magnified into vital errors, and whatever is not allied to "ancient wisdom" must of consequence receive the charge of modern degeneracy!

The disposition to eulogize without merit, and to condemn without a hearing, may, I think, be considered the fault of the age. It is a fruitful source of quackery, pretension, and acrimonious controversy.

History.—Of the several diseases or deformities that call for the aid of tenotomy, those of the feet are the earliest that have attracted the attention of physicians; and of which we have accurate descriptions, even as far back as the time of Hippocrates. In his work entitled "De Articulis," he gives a full account of the varieties, and the nature of club-feet; and adopts distinct and well-applied rules for their treatment. Dr. Little gives him or his cotemporaries the credit of the introduction of tenotomy, and, if we allow his words a literal translation, they seem to indicate that he was aware of the practice of tendon-cutting, though he does not appear to have employed it himself, nor does he in any case recommend it. Be this as it may, among the several older writers upon distortions, we find a variety of apparatus suggested for the relief of them, but no allusion to the division of tendons, unless we except the imperfect account given of it by Minius, in 1638, and several other surgeons of the German school, none of whom seem to have practised it successfully; so that it was lost again, or abandoned, until the latter part of the last century, when it was introduced by Thilenius, and is hence sometimes called the "Thilenian operation." Not feeling himself competent to the operation, or for some other reason, it was performed by Lorenz, of Frankfort. Notwithstanding his partial success, it does not appear to have been practised, generally, until about twenty years afterwards, when it was taken up by Sartorius, and soon after him by Michaelis. He entered upon the operation with his accustomed enthusiasm, and, by *demonstrating* its *utility*, as well as advocating its theory, he succeeded in bringing it into pretty extensive employment. He made, what he considered some improvement over the Thilenian method, but modern practice does not allow it to be so. Michaelis was succeeded by the unfortunate Delpech, of Montpelier, who was so unsuccessful in his treatment after the performance of the operation, that he never attempted it but once; nor does he, in his subsequent publications, even recommend the practice. After passing through hands more or less skilful for more than two centuries, in 1832 tenotomy found an able defender in the genius of the distinguished Stromeyer, who by tried skill, superior judgment, and untiring perseverance, succeeded at last in placing the operation upon an enduring basis. The simplicity of the operation, united to the importance of the result, has induced a host of surgeons to attempt it; and, when the rules that should govern all practice have been properly adhered to, the success has been exceedingly flattering. Drs. Dickson of N. C., Smith of Baltimore, Detmold of N. York, Mütter of Penn., and many others of this country, have operated, and some of them are still operating with complete success.

What we have remarked of the history of tenotomy, refers to its operation upon the human subject. Veterinary surgeons had long practised it upon pedal deformities of the horse, before its more important application was thought of.

Among the particular deformities, for the remedy of which tenotomy has been instituted, may be enumerated: strabismus, club-foot, torticollis, fracture of the patella and luxations of long standing, false anchylosis, facial contractions, contracted or distorted joints, and deformed toes and fingers. The nature of some of these we shall speak of more particularly in the course of the essay.

In a general way, it may be remarked that they depend upon some muscular defect. Some of the causes of such defects we will very briefly enumerate. A review of the muscular system shows us an arrangement of these organs into pairs or sets; and that it is only by the proper adjustment of these pairs or sets, that the form maintains its normal proportions, and the proper motions are accomplished. Upon one side of a limb, we find an arrangement of such, and such muscles, called extensors; on the opposite side are the antagonist muscles, called of consequence flexors. So on passing through the system, the abductors lie upon one side, the adductors upon the other; here the pronators, there and opposite, the supinators, receiving their distinctive names from the office they have to perform. It is easy to see, that so long as these several antagonizing organs are endowed with proportional tone and power, the whole body will be kept erect, and the motion of every limb, and all its members, will be freely and easily maintained. But the moment the balancing power is disturbed, by whatever cause, deformity and restricted motion ensue. The distortion will of course be towards the muscles that maintain the greatest power. It may here be remarked that though the effective, or proportional power of the different sets of antagonizing muscles is equal, yet the individual strength of each particular set differs very materially. A reference of the simple laws of mechanics to the different arrangement of muscles, will show at once why this must be so, to ensure the safe accomplishment of the end designed. Hence, the greater the difference of individual strength between antagonist muscles, the greater the disturbance. The stronger muscles usually suffer the contraction. The contraction may be induced by several causes.

1st. It may result from local irritation, inducing an unnatural contraction of the muscle or muscles thus affected. The consequence of this, if of long continuance, will be to weaken the contractile power of the antagonist; and habitual distortion is the result.

A *second* cause of distortion, may be the result of entire or partial paralysis of one set of muscles, while the antagonist set retain their normal condition: this would result in speedy distortion. In those cases where both sets are affected, the stronger set will yield less readily, or offer most resistance to the paralyzing power, and, all other things being equal, they will most readily recover their lost tone and evince their advantage over their antagonists by drawing the limb or member towards themselves.

A *third* cause of contraction, is a disturbance of the nervous system. It is by the medium of this system that muscular force is communicated, and an irregular distribution will produce irregular muscular force; or, when demonstrated, irregular muscular action or spasm. This continued, will produce permanent distortion or deformity. The causes of nervous disturbance are as numerous as its effects are various. They may be entirely opposite, and yet the final result the same. A predisposition to such disturbance affords us a clue to the cause of hereditary deformities.

It follows from what has been said, that the object of tenotomy is to aid in the re-establishment of the disturbed equilibrium of muscular action. By dividing the tendons of contracted muscles, we open the way for such an extension of parts as shall allow the morbidly extended muscles to regain their proper tone and energy, and enable them to preserve an equilibrium against the action of their antagonists, when united. Ordinarily the result may be accomplished with certainty and safety, but this circumstance offers no reason why indiscriminate practice should be entered upon. In our remedial treatment, the infliction of a wound should always be considered as the *lesser* of two *evils*. Lisfranc has somewhere observed that surgery is never so beautiful and brilliant, as when obtaining a cure without the destruction of an organ, without plunging the bistoury into the quivering flesh, and without causing the effusion of blood. An unnecessary timidity in the resort to the knife, is an evil next in importance to its too frequent use. Both these extremes are to be avoided, yet they have each been fallen upon. Many an one has been left a cripple, or been exposed to unnecessary tortures, from an exaggerated fear of dangerous consequences of wounding the tendons; while others have been subjected to the division of these parts, as though they were of no more consequence than so many cornstalks. The necessity for artificial lesion is the opprobrium of the surgical art. In most cases the operation of tenotomy is exceedingly simple, and yet there has been a great diversity of opinion with regard to the best method of performing it. As the division of the great tendo-Achillis is by far the largest and most important of the cords subjected to the operation, we will select it for the purpose of illustrating the different methods and general plan of operating, premising, however, that other tendons will require a modified manipulation, according to their situation and dependence. This variation will be noticed hereafter.

As already observed, Lorenz, of Frankfort, was the first surgeon, so far as *positive* information has reached us, who divided the tendo-Achillis. He made an incision through the *integuments* and *tendon* from behind, forwards. He then closed the wound and proceeded with the after-treatment much after the present method. Michaelis, who succeeded Lorenz, followed in the footsteps of his predecessor only so far as to cut the integuments and half of the tendon, believing that he had overcome enough of the resisting force to accomplish extension successfully. This might have been so; but no advantage was gained by the method. The union of the divided half was not sooner effected, nor was the limb stronger. On the contrary, more extensile force was required, and, as a consequence, more pain inflicted and a greater risk of unpleasant sequences incurred, than would have resulted from complete division.

Sartorius made a vertical incision down upon the sheath of the tendon, and, after opening it and passing a director before the tendon, divided from before, backwards. It will be perceived that by each of these several methods of operation a greater incision was made, more pain inflicted, a more extensive wound left for nature to recover from, and of consequence there was increased danger of untoward results. The genius of Delpech saw this, and at once suggested the method of obviating it. By his skill the operation was so simplified, that instead of dividing the integuments, he merely made a lateral puncture, by passing a narrow knife through and through before the tendon, and afterwards made a complete division with a convex bistoury.

Stromeyer completed the improvement in the operation by introducing a very narrow pointed knife, having a convex edge, through the integuments, on to the opposite side, and the division of the tendon was accomplished by depressing the heel, so as to bring the tendon forcibly against the convex edge of the knife. Its division was noted by the sudden jerk that immediately followed, accompanied frequently by an audible snap. I believe the latter method is practised by most orthopœdic surgeons at the present day.

Whipple, of England, has perhaps found as much success as any in the division of the tendon in question, and his own description of the method of operating may not be out of place. "After extending the tendon as much as possible, the integument posterior to the tendon is pinched up about two inches above the os calcis, in order to separate it from the latter, when a narrow-bladed knife, with a rounded cutting extremity, is passed from within *obliquely downwards and outwards between* the *integument* and *tendon*, and, as soon as the point of the knife is felt under the integument and on the outer side of it, considerable flexion of the foot is made by an assistant, the point of the knife being at the same time depressed so as to bring it in contact with the tense tendon, by firmly depressing which and withdrawing the instrument, the object is instantly effected. This is made evident by the sudden jerk with which the heel is brought down; in some cases two or three inches, as in talipes equinus. The knife should be passed from inside outwards, for this reason; should you depress the point more than is necessary for the division of the tendon, there would be no risk of wounding the posterior tibial artery, which would be the case were the knife introduced from without inwards. It is also essential to depress with some force; or some of the fibres of the tendon most remote from the puncture are left undivided, and a second introduction of the knife becomes necessary for the purpose of dividing them.

"Although the point of the knife be depressed some distance anterior to the edge of the tendon externally, in order to secure its division, this will not be necessary internally, as the moment the object is perceived to have been effected, the pressure upon the knife is discontinued. The instrument is withdrawn in such a manner as not to enlarge the integumental opening."

The direction of the section appears to be a matter of but little consequence. It is usual to make the division in a directly transvere section, though the author above quoted cut obliquely and offers the following reasons for his preference, which I give in his own words. "*First*—by pursuing this method, nature is allowed a more extended surface to complete a union. *Secondly*—the extremities of the divided tendon are not absolutely so far asunder when extension is made as when the section direct is made, by the amount of the direct depression of the obliquity. A firmer ligamentous band is by this means supposed to be secured. *Thirdly*—the lips of the wound are not so far separated, it heals sooner, and better prevents the escape of the exuded lymph."

The reasons are very plausible, but I am inclined to believe that they speak better for our author's ingenuity, than for any practical advantage resulting therefrom.

The sheath of the tendon is occasionally so much thickened as to render a division of that also necessary.

Detmold, whose authority, to say no more, is as high as any one's, gives us the following brief direction for performing the tendo-Achillean section. "Divide the tendon, not by a motion of the knife, but by pressing it against the fibres,"—or, what is the same thing, he will allow, by forcibly bringing down the heel, and thereby bring the fibres against the knife; by keeping the knife still, the danger of wounding the other tissues is less. Divide the tendon where it is most prominent under the skin, separate it completely, not leaving any of its fibres undivided which might afterwards be torn by the extension; pass the knife as closely round the tendon as possible, so as to make the *internal* wound not larger than is necessary, and also to make the wound in the integuments as small as possible." There may occasionally occur some little difficulty in determining whether the division is complete; when this is effected, it is ordinarily noted by a snap or jerk, as before observed, but when the sheath of the muscle is extremely rigid and much thickened, and the cellular tissue is very tense, the sound and motion are not perceived. It then becomes necessary to ascertain by manipulation to what extent our object has been accomplished. The manner of doing this is perfectly simple: pass the point of the finger along the course of the muscle; if the division is complete, a perfect depression is perceived; if otherwise, the undivided fibres are felt rigid and tense. The knife must be re-introduced until a complete division is effected. Hence the fear of making an internal wound, should not crowd the knife so closely against the tendon as to allow the point of the instrument to pass between the fibres. By an over desire to avoid an evil, we encounter a greater one, for the danger of wounding the other tissues is much increased by a second introduction.

The kind of knife to be used will depend somewhat upon the tendon or fascia to be cut. Its shape may be either concave, convex or straight. But whatever its shape, the blade should not exceed the tenth of an inch in its widest part. Detmold says, " it is advisable to use a straight or slightly concave knife, to be introduced under the tendon with the edge upward, and to cut from within outward, whereas in cutting flat muscles, aponeuroses or ligaments, we prefer a concave knife, which we introduce under the skin and divide the tendon by pressing upon the contracted and tense fibres, cutting from without inwards.

It is a matter of but little consequence whether one or more integumental openings are made. Both with regard to this and the direction of the section, every surgeon will have his own peculiar whims that will govern his practice and afford him some imaginary advantage; but while the general intentions of the operation are preserved, it matters but little by what particular method they are accomplished. The position of the subject about to undergo the operation of tenotomy will vary with the tendon to be cut and the view of the surgeon as affording any particular facilities for manipulating.

In cases of partial paralysis, where it becomes desirable to shorten, and stimulate the muscle, Stromeyer has suggested that a portion of the muscle be cut out. The novelty of the operation is not more striking than its success. Several surgeons of this country have employed it with very satisfactory results.

(To be continued,)

INTRODUCTION OF TOBACCO INTO ENGLAND.

By Stephen J. W. Tabor, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

The unfortunate colony, which Raleigh sent out under Greenville, and which, as I have previously related,* returned under such ill-starred auspices with Drake, had great bearing upon the after-interests of Virginia, and upon the introduction and use of the Virginian weed in Great Britain. "It was productive of one thing," says the Rev. Jeremy Belknap,† "*which will always render it memorable*—the introduction of tobacco into England." Lane was not the only person of consideration whom Raleigh induced to accompany Greenville: besides the ingenious scholar and mathematician Hariot, there was Cavendish, whose desires to push on the tide of discovery into the still new and wonderful regions of the New World, received an impetus during the voyage, which led him afterwards to be one of the first who circumnavigated the entire globe: there was also a painter by the name of John Withe, who possessed taste, accuracy and skill. He found a vast field for the exercise of his art, and while the pen of Hariot was describing the manners and customs of the inhabitants, their jurisprudence and their natural history, the pencil of Withe was equally engaged in delineating their employments, their habitations, their landscapes, their animals, vegetable productions, superstitions, council fires, ornaments, arms, pipes, calumets, diversions, persons, dress, and all that could be sketched by the crayon, or portrayed in the living colors of nature. The drawings and paintings of Withe's portfolio, and the manuscripts of Hariot's writing desk, received encouragement from Raleigh, as a number of years before, in 1575, he enabled James Le Moyne, called De Morgues, to complete colored drawings of sketches he had taken in Florida,‡ while he resided at Fort Charles, before it was so barbarously destroyed by the atrocious Melendez. In the plates of Withe, and the narrative of Hariot, *smoking* occupied a prominent situation, as one may see by looking at the second part of Theodore De Bry's *Notitæ Americæ sive Peregrinationem in Indiam Occidentalem*, published at Frankfort in 1590, where copies of the painter's sketches are engraven and preserved; or at Beverley's *History and Present State of Virginia*, where some of them are imitated; or into the compilation of Hakluyt,§ where the original work of the historian is published, a Latin translation likewise being given in De Bry. The engravings in the folio of the latter, though a little deficient in some of the nicer points of perspective, and embellished, perhaps, with traits from the painter's imagination, both in the elegant forms and in the free and voluptuous developments he has given to the frequent naked and prominent female figures—there being no *preciuses ridicules* in those primitive days to *petticoat* the Venus de Medicis, or *pantaloon* the Apollo Belvidere—are exquisitely and beautifully executed, and would do no discredit to the best artists of our own days.

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* Boston Medical and Surgical Journal, vol. xxxi., p. 13, et seq.

† American Biography, vol. i., p. 317, Harper's edit.

‡ Hakluyt's Navigations, Voyages and Discoveries, &c., vol. iii., p. 364.

§ Ibid., vol. iii., p. 266.

But although tobacco was thus brought into England by others, Raleigh was the means of introducing it into general use. The idea that he himself personally brought the plant into England is often maintained, but he did not visit the New World till 1595, and the contrary opinion arose, probably, from a mistranslation of a passage in Hariot's narrative, which runs thus: "The actions of those who have been by Sir Walter Raleigh *therein employed.*" In De Bry it is rendered, "qui generosum D. Walterum Ralegh, *in eam regionem comitati sunt*"—an error which Stith[*] supposes to have been occasioned by the translator's being a Frenchman. He adduces no proof of this fact, and the title-page in De Bry gives no name, merely saying "nvne avtem primvm Latio donata à C. C. A." In the life of Raleigh, prefixed to the collection of his works by Oldys and Birch, we are told, however, that the colonists under Lane brought tobacco with them, "doubtless according to the instructions they had received of their proprietor."[†] This, too, I regard as a mere hypothesis of Oldys; but though Raleigh had no personal or direct agency in bringing tobacco to his own country, he had the greatest influence in securing it a favorable reception when it had once come. He was one of the most fashionable courtiers of his day, and his example had great weight, for from the time he had his debate before the Privy Council with Lord Grey, he received expressive tokens of Elizabeth's royal favor. As Sir Robert Naunton says, "he had gotten the queen's ear in a trice, and she began to be taken with his elocution, and loved to hear his reasons to her demands. And the truth is, she took him for a kind of oracle."[‡] This estimation in which he was held, and which was of so much service in giving countenance to the use of tobacco, owed its origin to a singular display of gallantry, which Fuller thus relates:—"This Captain Raleigh, coming out of Ireland to the English court in good habit (his clothes being then a considerable part of his estate), found the queen walking, till meeting with a plashy place, she seemed to scruple going thereon. Presently Raleigh cast and spread his new plush cloak on the ground, whereon the queen trod gently, rewarding him afterwards with many suits for his so free and reasonable a tender of so fair a foot cloth."[§] Yet even Raleigh, notwithstanding his popularity with all classes, dared at first venture to solace himself with the Indian novelty in no other than a private manner.[||] There is a popular tradition connected with this secret enjoyment, which I shall give literally as I find it in an old journal:—"Ralegh [for so the name was originally spelled], whilst smoking in his study, was surprised by his servant's bringing in his customary tankard of ale and nutmeg. Seeing the smoke reeking out of his mouth, the man threw all the ale in his master's face. Then running down stairs, he alarmed the family with exclamations that his master was on fire, and before they could get up stairs would be burnt to ashes."[*] Raleigh had good reason to apprehend that odium would be attached to a public indulgence of the habit, because at first, in England, tobacco was supposed to be almost a specific in the cure of syphilis, and a suspicion of the disease would cling to all who used it—a reputation Raleigh did not desire. But despite this prejudice he soon gave over his secret devotions to the pipe, and often sat at the street-door openly enjoying the luxury. At his own house in Islington, he gave "smoking parties," the whole entertainment of which consisted of a mug of ale and nutmeg and a pipe of tobacco.[†] In the Gentleman's Magazine, for 1791, is an engraving of the house in Islington where Sir Walter formerly resided, and which, at the time the engraving was published, was called *The Pied Bull Inn*, and it may be thus styled and used up to this very day. In the principal room of the house is a coat of arms, on the top of the shield of which is a tobacco plant, between two sea-horses—I do not pretend and indeed *cannot* speak in heraldic language—on each side two mermaids; at the bottom two parrots, one green and the other gray: the whole enclosed in an oval border. A plate of it is given in the work just cited.[‡] A German writer relates that in 1812 the house and arms remained in a good state of preservation[§]—monuments, he might have added, of an extraordinary man, one gifted with many and multifarious talents; distinguished as a scholar, a statesman and soldier; endowed with a sagacity beyond his age, with a perception of the rights of the masses, which in this day would have made him a distinguished republican, with a courage which quailed at no dangers, and with an enthusiasm which the greatest obstacles could not extinguish. Such was one of the earliest English patrons of tobacco. His example gained other courtiers, so that smoking obtained, in a little time, a fashionable and polite éclat. Literary men adopted the habit and embalmed tobacco in their writings. Spenser, in his Faerie Queene, styled the herb "divine tobacco,"[‖] and did it in a manner peculiarly well calculated to gratify Sir Walter Raleigh, the friend of both the weed and the poet. When once the habit of smoking was taken up by the court of the "*virgin queen*," it rapidly gained favor among all who were able to indulge in it. The ladies adopted the custom,[¶] and Elizabeth herself was as familiar with a tobacco pipe as with her sceptre, and Raleigh is said to have won of her a singular wager, to which James Howell alludes,[**] concerning the weight of tobacco smoke.[††] The Knight observed to her, during a conversation on the virtues and excellencies of the *new plant*, that he could tell her the exact weight of the smoke which rose from the bowl of a pipe or was puffed away during the consumption of any given quantity. The Queen, suspecting he was "playing the traveller," laid a wager he could not. Raleigh weighed the tobacco with which he filled his pipe, smoked it deliberately, knocked out the ashes and weighed them—the difference between the last and the first was the weight of the smoke. Miserly as Elizabeth was, she paid the wager, saying, in allusion to the alchemists, "many laborers in the fire turn gold into smoke; you have turned smoke into gold!" This was a prosperous era in the history of tobacco; princes, nobles, knights, ladies, the wealthy, the fashionable, all numbered themselves amongst its devotees; the days of imposts, "counter-blasts" and prohibitions had not yet arrived; smoking was one of the characteristics of a courtier, and the conveniences of a gentleman were considered imperfect without a box for pipes and tobacco. So late as the year 1715, among Ralph Thoresly's artificial curiosities, is registered with consideration and care, "Sir Walter Raleigh's tobacco-box, as it is called, but it is rather the case for the glass wherein it was preserved, which was surrounded with small wax candles of various colors. This is of gilded leather, like a muff-case, about half a foot broad, and thirteen inches high, and hath cases for sixteen pipes within it."[*]

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[*] History of the First Settlement of Virginia, p. 22. Williamsburgh, Va., 1747, 8vo.

[†] Vol. i., p. 31. Oxford, 1829, 8vo.

[‡] Fragmenta Regalia. &c., p. 109. London, 1824, fol.

[§] History of the Worthies of England, endeavored by Thos. Fuller, D.D. Re-printed in London, 1811, 4to., vol. i., p. 419.

[||] Asiatic Journal, vol. xxii., p. 138. London, 1826.

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[*] The British Apollo, vol. ii., p. 376; see, also, Applebee's Journal for Sept. 18th, 1731.

[†] Biographica Britannica, or the Lives of the most eminent Persons, &c., vol. v., p. 3471. London, 1778, fol.

[‡] Gentleman's Magazine, vol. lxi., p. 17. London, 8vo.

[§] Eine Abhandlung auf Taback, Thee und Kaffee, u. s. f., seite 210. Vienna, 1813, 8vo.

[‖] Todd's Works of Edmund Spenser, vol. iv., p. 429. London, 1805.

[¶] Loudon's Encyclopædia of Agriculture, &c., p. 936. London, 1831.

[**] Epistolæ Ho-Elianæ. Familiar Letters, &c., book iii., lett. vii. London, 1678, 5th edition.

[††] Cayley's life of Sir Walter Ralegh, Knt., vol. i. p. 31. London, 1806, 8vo.

From this mention of pipes it would naturally be inferred that Ralph Lane, Withe, Hariot, and their companions, noticed them during their residence in Virginia, in 1585, and had brought both them and tobacco to England in 1586. Such was the case, and Charles Ecluse, or Clusius, as he Latinized his name, says the English courtiers, when they saw these clay pipes, ordered others to be made of a similar fashion.[†] Concerning these pipes and the fashionable novelty which accompanied them, there is a graphic passage in the historian William Camden, and as it is not much known I shall give the whole of it in a note.[‡] Speaking of Ralph Lane and his fellow voyagers, Camden says, as I shall translate from his Latin: "These persons who thus returned, brought with them, so far as I can learn, the first Indian plant, called *tobacco* or *nicotiana*, ever known in England, and this plant the Indians believed to be good for crudities. Certainly, however, it was thenceforth greatly valued, and very much used by the English people; many partook of it from mere lasciviousness, and many also, under pretexts of health, drew into their mouths, by means of clay pipes, its uncommonly stinking smoke, directly expelling it again through their nostrils; on which account tobacco-shops are as numerous in towns as inns and ale-houses. By means of this habit (as has been aptly observed) the bodies of those persons who are so enticed by this herb, appear to have grown base and to have taken upon them a *barbar-*

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[*] Lucatus Leodiensis; or the Topography of the Ancient Town and Parish of Leeds, &c., p. 485. London, 1715, fol.

[†] Excerpta Curiosa e Exotica et Historiam Plantarum Rariorum, a C. Clusio, p. 609. Antv. 1610, 16mo.

[‡] Et hi ruduces Indicam illam plantam quam Tabaccam vocant et Nicotiam, qua contra cruditates, ab Indis edocti, usi erant, in Anglicam primi, quod sciam, intulerunt. Ex illo sane tempore usu cœpit esse creberrimo, et magno pretio, dum quam plurimi graveolentem illius fumum, alii lascivientes, per tubulum testaceum inexplebili aviditate passim hauriunt et mox a naribus efflant; adeo ut tabernæ tabaccanæ non minus quam cervisiariæ et vinariæ passim per oppida habeantur. Ut Anglorum corpora (quod salse ille dixit) qui hac planta tantopere delectantur; in Barbarosum naturam degenerasse videantur; quum iisdem quibus Barbari delectentur, et sanari se posse credant."—Rerum Anglicarum et Hibernicarum regnante Elizabetha, &c., p. 415, Edit. Elzev., 1625.

ous nature, inasmuch as they are fascinated by the same articles as *barbarians*, and believe they can be cured by the same means."

There are several circumstances in this passage deserving of particular consideration, all of which, however, I shall have to omit, for the present, to pursue the history of "tobacco's propagation" in a continuous manner. I shall now only remark concerning clay pipes, that up to the year 1586 they were not in use on the Continent of Europe; into England they were that year introduced, and in America seem to have been peculiar to Virginia: but the different fashions and materials of pipes I may discuss more at length in a future paper. It is now time to return to the progress of tobacco, which I shall hereafter do, giving in my next communication an account of its novel advent into Italy under the patronage of a distinguished cardinal of the Holy See.

ACTION FOR THE RECOVERY OF MEDICAL FEES.

[Communicated for the Boston Medical and Surgical Journal.]

A SUIT of much interest to the profession was tried in the Court of Common Pleas, in Boston, last week. It was to recover fees for medical attendance, and was brought by Woodbridge Strong, M.D., of Boston, against the executor of the late Adam Stewart, whom many of the readers of the Journal will recollect as an irregular but for some time popular practitioner of medicine in Roxbury. This gentleman was for many years afflicted with a scrofulous disease, which showed itself in ulcerations on various parts of the body—the left leg being the seat of it during Dr. Strong's visits. These visits commenced in May, 1842, and continued till October of the same year, when Dr. Stewart died. It was testified by one of the plaintiff's witnesses, that Dr. Stewart was induced to employ Dr. Strong, in consequence of an opinion expressed by him at a consultation, that the leg might be saved by medical treatment, while the rest of the counsel advised amputation. There was no evidence as to any agreement at the commencement of the visits, nor during Dr. Stewart's life, about the price which should be charged for attendance; although it was testified that Stewart had said to Dr. S., at times when he was detained by Stewart's importunity, that he was willing to pay him for all extra time and trouble.

Dr. Strong's book of charges was first submitted, with the supplementary oath of Dr. S. as to its correctness, and his habit of charging visits within a day or two after they were made, from a memorandum which he carried in his wallet. This book was objected to as evidence by defendant's counsel, on account of the peculiar and obscure manner in which the entries were made. This manner consisted in a blank of a few lines being left under the name and date, and each visit afterwards being specified on these lines by the figures denoting the day of the month and the letter *v* for visit, till the blank was filled, when the name and a new date were entered on a succeeding page and the same plan pursued. The Court, however, ruled that it be admitted, the jury to attach such evidence to it as they deemed proper. The number of visits, by this book, was 120, which were charged in the bill, though not in the book, at $9 each, excepting two night visits, which were charged $18 each. This additional charge, however, was waived, and in fact but $1000 for the whole was claimed. After the commencement of the action the defendant had paid into court the sum of $400, which was all he admitted to be due—so that the balance of $600 was the sum in dispute. The reasons stated for this rate of charge were—the distance, which was about three miles; the great amount of disease with which the patient was afflicted (disease of the prostate gland and inflammation of the neck of the bladder being stated to exist in addition to the severe affection of the leg); the difficulty of managing the patient, on account of great irritability of temper, intemperate habits and neglect of prescriptions; the more than ordinary time and trouble required by reason of the neglect of the patient's own family; and the success of the treatment, Dr. Stewart having greatly amended, and his death being finally caused by poison accidentally administered by his wife.

In proof of these statements, Dr. Stewart's Irish servant, who was with him during the time specified, was brought upon the stand. He supported Dr. Strong in his testimony as to the great amount of the patient's disease and the difficulty of pleasing him, but not entirely as to the amount of time and labor bestowed by the doctor at his visits, nor the intemperate habits of Dr. Stewart and the neglect of his family—though upon this latter point he was evidently reluctant to testify fully. He stated, however, that Stewart was impatient if Dr. Strong was at any time later than usual in his visits, which were generally in the forenoon, and during part of the time daily, and very often called him back after he had started to leave. The witness generally dressed the sore himself, often when Dr. Strong was present.

The fee-bill of the Boston Medical Association was next offered in support of Dr. Strong's charges, but was objected to by the counsel on the other side as being a private agreement among physicians, and having nothing to do with the justice of those charges, and was ruled out by the court. Dr. G. C. Shattuck was next called. He testified that he attended Stewart some years previously—that his symptoms were grave and not likely to be ever removed, implicating the organs of respiration, circulation and digestion, with a hydropic diathesis—that he was a man of strong mind, but equally headstrong, was intemperate, and an exceedingly difficult patient for any physician to get along with. As to the reasonableness of Dr. Strong's fees charged, Dr. Shattuck was inclined to put it upon the ground that Dr. Strong was an honorable man and that he would conform them to the regular published tariff of charges; but this tariff having been ruled out, a different answer was required, and he testified that he should not consider $9 a visit an extortionate charge, under all the circumstances. But he was anxious to have it understood, that though he considered the physician imitated the government in levying taxes where there was property, no by-laws of their own prevented the exercise of charity by medical attendants in cases of poverty, and he was eloquent, and no less just than eloquent, in bearing witness to the frequency with which this virtue was exhibited by them. He also testified as to Dr. Strong's standing—placing him in the front rank of the profession, and stating that he held the purse-strings, as treasurer, of the Massachusetts Medical Society. The plaintiff rested his case here.

The defendant's counsel, in justification of his refusal to pay the demand of Dr. Strong, relied mainly upon the alleged exorbitance of the charges. He also denied the number of visits, and in proof that these were not correctly stated in the bill, in which one visit every day in August was charged, brought forward a female nurse who was with Dr. Stewart twelve days in that month, who swore positively that on two of those days Dr. Strong did not attend.

A number of physicians were sworn to show that the usual price of physicians in the city for visits to Roxbury was much less than Dr. Strong had charged. Dr. Winslow Lewis was first called. He also had attended Dr. Stewart six or eight years ago, and testified as to the extensive nature of his scrofulous disease, there being then no disease of the bladder. Dr. L. thought the common charge for a visit to Roxbury, in ordinary cases, was two or three dollars. The plaintiff's counsel objected to the question what he had himself charged Dr. S., but Dr. L. afterwards stated that he charged $4 a visit. To the question what he should consider a proper charge for 120 visits to Roxbury, from the centre of the city, by a physician of Dr. Strong's standing, he answered, from $3 to $5, according to circumstances; and when asked if he should consider $5, under all the circumstances of the present case, as they had been testified to, an extravagant charge, he replied that he should not, by any means. The testimony of Dr. John Flint, Dr. Stephen Ball, and Dr. J. Wright Warren, was to pretty much the same effect. They all testified, however, as did Dr. G. Bethune (who was brought forward by the plaintiff's counsel as Secretary of the Boston Medical Association before their fee-bill was ruled out), to the difficulty of deciding upon a proper charge for this particular case upon the evidence before them, and stated that they should be governed more by the peculiar circumstances than by the published tariff or by what others charged in other cases. In fact, they knew but little of what others were in the habit of charging for out-of-town visits. All but one testified that the severity or complication of the disease would be a cause for varying the charge; as would also the pecuniary circumstances of the patient. Each of them bore witness to the high standing of Dr. Strong in the profession, but were unwilling to place him by the side of a few others in the city who were named. They described their own manner of keeping accounts, which was more orderly and minute than that of the plaintiff.

Dr. C. M. Windship, of Roxbury, was called by the defence, to prove that Dr. Stewart was not poisoned, as alleged on the other side, and that therefore Dr. Strong's treatment had not been so successful as represented. Dr. W. was sent for as the nearest physician, two or three weeks before Dr. Stewart's death, after the accidental administration, by Mrs. Stewart, of a dose of the acetate of zinc. When he arrived, he was told that a teaspoonful of the acetate had been mixed with a pint of water, and that Dr. S. had drank half of it. He informed the patient and family that the dose was not poisonous. He, however, administered an emetic and an alkali. He did not consider that Dr. S. was poisoned by this dose, as he would willingly take the same dose himself, though he admitted it might have proved injurious in his diseased state. In the cross examination he was questioned pretty closely as to the poisonous nature of acetate of zinc, but no counter testimony was adduced. This was all the evidence for the defence. In the argument, by Mr. Clark, much stress was laid upon the circumstances tending to throw discredit upon Dr. Strong's book of accounts, and upon the extravagance of the charges when compared with the slight service which he maintained was proved to have been rendered.

The plea for the plaintiff, by Mr. Cooley, was an able performance. Without being discourteous to any of the medical gentlemen whose testimony was adverse to the claims of his client, he yet disclaimed for him all intentions of ever having desired the reputation of a *cheap practitioner*, and maintained that experience and skill like his were entitled to a higher remuneration than those of the generality of the profession. The whole community, too, were interested in properly rewarding the attainments and qualifications to which they could safely resort in the seasons of sickness and pain to which all were liable. This point was also alluded to by Judge Allen, in his charge to the jury, who laid down, that in deciding upon a just compensation to the plaintiff, the jury should take into account the skill and reputation of Dr. S., which, if proved to have been great, could only have been obtained after long years of industrious application, and were therefore worthy of a full and liberal remuneration. In connection with this, should be considered the testimony as to the common price of charges in similar cases, and also any peculiar difficulties and detentions which might have been proved. They were likewise to decide as to whether all the visits charged were rendered.

The jury, after being out about an hour and a half, returned a verdict for the plaintiff of $192 balance, being something short of $5 a visit for 120 visits.

The practice of recovering medical fees through a course of law is not common among physicians, and, as a general rule, should not be encouraged. But this suit having been brought, the result must be gratifying to the profession, and, we think, satisfactory to Dr. Strong; while it exacts nothing exorbitant or impoverishing from the large estate of Dr. Stewart, accumulated by the reception of fees, in all probability, fully as large as those his executor has now to pay Dr. Strong for his services. Dr. Strong, doubtless, from peculiar circumstances connected with the case, and viewing it both as a surgical and medical one, felt himself justified in the charges made for his attendance. But it was a difficult matter to prove these circumstances to a jury, and hazardous to present his claim unsupported by such proof. Notwithstanding this disadvantage, and notwithstanding the unfortunate condition in which his book of accounts was obliged to be submitted to the jury, and the positive and unimpeached testimony of a witness that two of the visits charged were never made, they awarded to him, in their verdict, the maximum of the charges which five highly respectable medical witnesses considered fair for similar visits.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1844.

BIBLIOGRAPHICAL NOTICES.

Philosophy of Medical Science.—How refreshing to have something original in this epoch of compilations, when volumes are manufactured with as much facility as cut nails in a machine. There was a period in the history of the English language, when men actually thought for themselves, wrote out the results of their own conclusions, or recorded facts which they had discovered. Alas! in the literary degeneracy of modern times, a cautious, reflecting, conscientious investigator, is looked upon as a phenomenon—a man rather to be pitied than laughed at, who wastes the precious hours of life unprofitably, getting neither dollars nor cents for his labors, when he might have both by pursuing the common track of modern authors.

The Philosophy of Medical Science is a title that has dignity in it. Those who have the pleasure of personally knowing Elisha Bartlett, M.D., the author of this essay, know that they have for an acquaintance an author whose writings are assuming a degree of importance in our domestic medical circle, advantageous to the reputation of the country. He has just completed a treatise on the Philosophy of Medicine, under the modest name of an essay, which is a very finished production. We have not the spare pages to give this or any other publication on elaborate review, however much we may desire to do so. The essential points and properties of an author, simply as a guide for readers who have a right to look for a general synopsis, is all that can be done even for an intimate friend. All we can now do, is to assure the profession that Dr. Bartlett has broken new ground. He has neither borrowed nor purloined words or ideas, but analyzed modern medicine and the doctrines of modern men.—Copies may be had at Ticknor & Co.'s.

Human Health.—Messrs. Lea & Blanchard have brought out a new edition of Dr. Dunglison's celebrated book on the *Elements of Hygiene*, embraced under the more comprehensive title, perhaps, of *Human Health*. It considers particularly the influence of atmosphere and locality; change of air and climate; season; food; clothing; bathing and mineral springs; exercise; sleep; corporeal and intellectual pursuits, &c. It is a production that may be studied profitably by every one. Who does not wish for health and long life? Who, therefore, would not be benefited by the instructions of such a teacher of the great laws of the animal economy? Instead of being confined or rather circumscribed to the walls of a medical library, it should be found in the hands of the whole intelligent community.

Druitt's Surgery.—Some time in 1842, an excellent edition of an excellent system of Surgery, was brought out by Messrs. Lea & Blanchard, who seem to be monopolists of much of the good things in our profession. Notes and comments were made by Joshua B. Flint, M.D., of Louisville, Ky., a gentleman eminently qualified to Americanize an English work of such distinction. He has remodelled the whole of his own part of it, and bettered whatever required an alteration, and now presented the medical public with a second edition. We can say nothing more than was said of the first edition—viz., that it meets the approval of all competent judges at home and abroad.

Medical and Physiological Commentaries.—A third volume, by Dr. Paine, of New York, the untiring scholar, with the above title, has lately been published. A part of this volume comprises searching examinations of a certain review, which appeared in the British and Foreign Medical Review. There is also the author's reply to Dr. Bowditch, &c., which has been made familiar to the readers of the Journal. Next follow an essay on the *philosophy of vitality*, the *modus operandi of remedial agents*, an introductory lecture, another on the improvement of medical education, and, lastly, *letters on cholera asphyxia* as it appeared in New York, and other letters. All these papers combined, constitute a handsome octavo, precisely matching, in point of exterior finish, the two volumes that have preceded it. Having at several periods spoken separately of a majority of the articles of this third volume, it would only be a repetition of words and sentiments to offer any special remarks upon them in their new dress.

Philosophy of General Principles.—A discourse was recently given by H. H. Childs, M.D., of the chair of Theory and Practice in the Berkshire Medical Institution, which has been published. Returning lecture seasons are appropriate periods for presenting those general views of the condition of a science, so important to the welfare of man as that of medicine. Laying aside all technicalities, and untramelled by a rigid classification of subjects or thoughts, the professor is at liberty to address his auditors like common people. He is privileged to suggest topics, and to direct the mind to the consideration of things of essential value to those who are adjusting the armor in which they are going to battle against a mighty phalanx of human diseases. Dr. Childs is all energy and praiseworthy enthusiasm in the progressive achievements of the age. He talks of Bunker Hill as a patriot of his sterling integrity should—but never forgetting that he is a teacher of a science for relieving the physical infirmities of frail humanity. We thank Dr. Childs for this spirited performance, and join the class in saying "that it points to the true method for the improvement of medical science—that it contains principles calculated to elevate the profession and annihilate empiricism."

Dr. Webster's Valedictory Address.—If there are flowers which bloom unseen, it is equally true that many literary performances are perishing without being as extensively known as they should be. Here is an excellent discourse, delivered on an interesting occasion—viz., the graduation of pupils at the Geneva Medical College, as long ago as last January. No one sent us a copy at the time, for the very good reason, probably, that every individual having one disliked to part with it. Dr. James Webster, in the department of Anatomy in the Geneva institution, is ardently devoted to all that appertains to physic and surgery. He knew precisely what to say on the occasion above referred to, and therefore discharged the duty to the gratification of a delighted assembly.

Medical and Surgical Superstitions.—A friend has looked into this book, and writes the following notice of it. Seldom have we had our patience so severely tried, he says, as in attempting to read a work recently issued, entitled *Medical Superstitions*, by Dr. Pettigrew. From the title of the work, expectations were entertained of having something entertaining, and possibly original. From the reputation of the author, we had looked to see the subject artistically treated. But we have been most wofully disappointed in both. The book is nothing more nor less than a compilation, from various well-known sources, of what everybody has known almost from his boyhood; with this difference, however, that the subjects have been much better treated of elsewhere. In the first place, there are a number of pages on alchemy, which any one may find the substance of in almost any treatise on chemistry. Then follows astronomy, with its sister astrology, and a diversion to talismans, amulets and charms; all of which might have been omitted without materially affecting anybody but the printer, or anything but the size of the book. Allusion is next made to the influence of the mind upon the body; and under this head Dr. Haygarth and his wooden tractors are introduced. An article on camp meetings is also quoted, and an old story told about a man, who was sentenced to die by being bled to death, actually dying in consequence of water being allowed to trickle over him, he imagining it all the while to be blood. The book concludes with a most prolix and uninteresting account of "Touching for Scrofula," occupying 46 pages, the whole number of pages in the volume being only 213. The reader is minutely informed of every monarch who ever touched, who he touched, and when he touched them. In conclusion, if the reader's patience is sufficient to bear him safely through the volume, he need henceforth never despair of achieving any undertaking in the way of reading.

Most of the subjects treated of are the same as those comprehended in a lecture delivered and published by Dr. Holmes. That gentleman, however, in a modest little pamphlet, contrived to give an exceedingly lively and entertaining account of these subjects, which it is presumed that no one, who peruses this duodecimo, will be disposed to say of Dr. Pettigrew.

Death of Dr. Poyen.—Intelligence of the death of Dr. Charles Poyen, at Bordeaux, when on the point of sailing for the United States, was received last week. Dr. P. had many warm friends here, who will deplore his early death; and there are those who may continue to view the course he pursued in this country, in the light of successful empiricism. Dr. Poyen came to Boston some years since, an entire stranger, claiming to be an ardent student of medicine. He soon commenced translating articles on animal magnetism, from the writings of his countrymen, published papers of his own on the same subject, some of them in this Journal, and began lecturing upon it. His enthusiasm increased by opposition, till all the powers of his nature were called into active play to support and defend the strange propositions that emanated from himself. His ambition was evidently roused; he saw there was a new avenue to distinction; and he must have discovered, too, the proneness of the people in this section of the Republic, to be gulled by anything, and in any way, which an ingenious man might propose. Finally, he travelled about, illustrating, by a Mesmeric subject, what were denominated facts.

Having sown the seed, broad cast, a mighty host of animal magnetizers sprung up in a trice; they swarmed throughout the length and breadth of the northern States, like locusts; but having used up the resources of their silly admirers, and devoured the green leaves of vulgar popularity, they gradually died away, one after another, and have now become, in vulgar parlance, the laughing stock of every common-sense community. After the manner of Lycurgus, when he had fairly imposed his system of laws upon the Spartans, Dr. P. left the Continent; and when on the point of returning to ascertain the workings of the machinery he had set in motion, death dropped the curtain, and his career on earth was closed forever,

In person, Dr. Poyen was of a middle height; rather slender, yet well formed. Nearly one half of his face was covered, or rather discolored, by a nævus, of a dark-red hue, which greatly modified the natural expression. The cranial region for firmness was raised quite high enough to indicate obstinacy. He was habitually grave, thoughtful, industrious and studious, but not a close reasoner, nor by any means an original or profound thinker. Whatever was marvellous or extraordinary engaged his earnest consideration, particularly if it could be dragged into the service of the dearest of all interests—animal magnetism. Peace to his memory.

Keeping Fresh Wounds in Apposition.—Adhesive straps, needles, stitches, ligatures, &c., are not always successfully employed in keeping the lips of a wound in contact. Dr. Smilie, whose name is becoming familiar in the character of an inventor, has contributed an instrument, of the simplest construction, solely for that purpose. He abandons all of the old contrivances and familiar modes of keeping the edges together, and relies exclusively on two silver hooks. They slide upon a bar, notched on the upper side. After pressing the sides of the wound, and adjusting them perfectly, a hook is inserted on either side, a quarter, half, or even a whole inch, as circumstances may require, from the line of union. When the points are set, the upper ends of them are forced along on the bar, where they are kept from sliding back, by the notches. In this way, the progress of healing by the first intention is brought directly under the eye. A long incision would require several pairs of hooks. Theoretically, at least, they answer admirably. Dr. Smilie would say, beyond all doubt, that they are excellent in practice.

Married,—In Pawlet, Vt., P. H. Strong, M.D., to Miss Eliza Ann Andrus, both of Pawlet; G. W. Bromley, M.D., to Miss Ann P. B. Clark.—In Derry, N. H., E. R. Smilie, M.D., to Mary Anne, only daughter of the late Robert Hall, Esq.

Died,—At East Randolph, Vt., Dr. Benj. Porter, 78.—At Frankfort, Ky., Dr. D. H. Dickinson, 34, a native of Boston.—At Windsor, Mass., Dr. Howland Dawes, 79.

Number of deaths in Boston for the week ending Sept. 21, 51.—Males, 30; Females, 21. Stillborn, 3. Of consumption, 3—scarlet fever, 7—old age, 2—cholera infantum, 2—inflammation of the bowels, 5—teething, 4—quinsy, 1—infantile, 6—canker rash, 1—inflammation of the brain, 1—convulsions, 1—lung fever, 4—typhus fever, 2—brain fever, 2—canker in the bowels, 1—hooping cough, 1—bowel complaint, 3—child-bed, 2—disease of the heart, 1—dropsy in the brain, 1—accidental, 1.

Under 5 years, 36—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 4.

Irregular and Decayed Teeth.—Sometimes immense mischief arises from the irregular growth of the teeth, and patients have even lost their life in consequence of it. My friend, Mr. Nasmyth of Edinburgh, a most accomplished surgeon and dentist, who took the right way of studying his profession, having been for years a demonstrator of anatomy, met with the following case :—An old friend applied to him with an extensive abscess of the cheek and great swelling of the face and jaw, the abscess extending down to the clavicle. His mouth could not be opened, the inflammation locked the jaw, and the patient ultimately died. On a *post-mortem* examination it was found that the cause of the whole mischief was the wisdom-tooth growing forward and lying horizontally instead of perpendicularly. This is a rare case, but it shows you that much mischief and serious consequences may arise from a trifling cause.

From the decay of the teeth you frequently find great mischief arising in the neighborhood. Many cases of ulcerated throat are caused by the presence of stumps, the affection being propagated along the lining membrane. The disease is kept up by, and cannot be removed till these causes are removed. Ulcerations about the lips and nose sometimes arise from disease about the incisors, or are kept up by it. I recollect the case of a gentleman who came from the West Indies to be treated for an ugly ulcerated tumor on the cheek. Very active measures had been adopted in the island where he resided. He had had the part cut out more than once, and corrosive agents applied in all sorts of ways. Recourse had been had more than once to the actual cautery. On the last occasion the surgeon had made him put a lime, a fruit like a small lemon, in the cheek, to distend it, and make the disease more apparent, and then a large red-hot skewer was thrust into the bottom of the wound. Still it did not heal, and he came here expecting to have some dreadful operation performed for the relief of his malady. The whole case depended on a decayed tooth in the upper jaw : it was taken out, and in a week he was well. He would have recovered at any period of the disease if that tooth had been attended to.—*Liston's Lectures.*

On the Causes, Symptoms, and Treatment, of Acute Founder in the Horse.—A clever communication on this subject, from the pen of Mr. Gabriel, appears in a late number of the Veterinarian. He points out, in an historical sketch, how successfully the disease was treated some two hundred years ago, and how, on the other hand, by modern veterinarians it has been deemed incurable. He attributes its occurrence, in a large majority of cases, to over-exertion of the animal, either by long standing, rapidity of travelling, or long journeys. The symptoms are characteristic ; in addition to fever there is an extreme reluctance of the animal to rest its weight on the affected fore-feet. In getting up from the ground, or in attempting to move, the hind-feet are made the instrument of progression. The treatment hitherto pursued has been exceedingly varied. We do not profess to be very profound hippopathologists, we must rely to a certain extent, therefore, on the statements of the author. He says that modern pathologists pronounce the disease incurable ; in his hands that the treatment rarely fails. This consists of a dose of Barbodoes aloes (eight or nine drachms) and then *a seton through each frog* ; on the latter he places his chief reliance. Venesection must follow till the pulse is affected, and large tepid bran-poultices are to be applied to the feet. The shoes should not be removed, but the venesection and physic must be repeated if necessary.—*London Lancet.*

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DR. CHAPIN'S PRIZE DISSERTATION ON TENOTOMY.

[Concluded from page 155.]

DEFORMED FEET.—It may not be deemed unimportant, before noticing the "advantages and disadvantages" of tenotomy, to allude very briefly to some of the deformities that are proposed to be corrected by it. Of these, such as affect the lower extremities, if not the most frequent, are much the most obvious and important. Exposed to the gaze of the ill-bred, and the unkind remarks of the thoughtless, they often prove a source of serious annoyance to the sensitive sufferer, as well as a cause of great practical inconvenience. The skip and gambol of youth cannot be indulged in; and the firm and steady pace of maturer years, must be exchanged for the halt of old age.

Orthopœdic surgeons have made four grand classes of deformities of the feet, and have designated them by the terms—talipes varus; t. valgus; t. equinus; and t. calcaneus, or equestris. Each of these varieties includes several degrees of variation from the normal position and shape. The remote causes of these several deformities are matters of vague speculation, and the predisposing or exciting causes are not always obvious. The immediate cause consists, as already observed, in the shortening or contraction of one or more of the muscles that connect the foot with the leg, and of the ligaments that connect the several bones of the foot with each other. The extent of the deviation is often truly frightful; and offers to the inexperienced a much more complicated and obstinate deformity, than the improvement and wonderful results of this branch of surgery directing the cure, have proved it to be.

In *talipes varus*, which is the most common of the four species, we find three varieties, or, as they might be termed, degrees of mal-formation or mal-position.

The *first*, is where there is but a slight elevation of the inner part of the foot, thereby throwing the principal pressure of the body upon the outer margin of the foot. The absolute deformity is not great, and is hardly observable unless the person is walking. The peculiarity then shown has given to the step the appellation of "pigeon or parrot toed." By fixing the heel firmly, which is but slightly elevated, by one hand, while the extremity of the foot is grasped by the other, there will be but little resistance offered to bringing the whole into the natural position. It is evident that the weight of the body, and the mediate cause, both tend to increase the defect and bring it to

The second degree, when the foot is still more turned in the same direction, so as to bring the support entirely upon the outer margin. The heel is also more elevated, throwing the foot forward and causing the most of the pressure to fall upon the little and third toes. The great toe falls within the first toe, the sole of the foot looks inward, its plane making nearly a right angle with the surface upon which the foot rests. The motions of the articulations are straitened.

The *third* degree presents the foot almost at right angles with its natural position. The weight falls upon the upper part of the outer edge of the foot, the sole looks almost directly backward, and inward, while the upper part, or dorsum, is seen forward and outward. The length of the sole is much contracted, which gives the dorsum an unnatural convexity. The tarsal and metatarsal bones are much displaced, and the heel is drawn still more upward and inward. In neither of the last two degrees is the force of the hand, alone, sufficient to restore the foot to its natural position. The foot is also much below the normal size, and if an attempt to correct the deformity is too long delayed, it seldom attains the full size, though it may have a nearly natural position.

In *valgus*, the *second* class, the deformity places the foot in directly the opposite position with the *first*. It is usually caused by accident. In this class, also, there are three degrees.

The *first* is when the weight of the body falls upon the inner part of the sole, depressing the inner margin, with a corresponding elevation of the outer edge. The heel is but slightly elevated; the dorsum of the foot is depressed. This variety requires a stronger force to restore the foot to its natural position than the same degree in the first class. The gait is called "knock kneed."

In the *second* degree, the foot is thrown more forward and outward, bringing the chief pressure upon the ball of the great toe. The heel is also more elevated, and thrown outward, and the variations of the first degree are increased.

In the *third* degree, the whole weight is thrown upon the inner and upper edge of the foot, giving the dorsum a vertical position and a forward presentation, while the sole of the foot looks backward, and slightly outward; occasionally the heel rests upon the ground.

Pes equinus, or the *third* class, gives us three degrees of deformity, or mal-position, for the *first* can hardly be called a deformity, since the position, only, and not the shape of the foot, is abnormal. The heel is only a little elevated, which throws the weight of the body upon the balls of the toes. These are somewhat spread, and turned up.

The *second* degree presents the heel still more elevated, and the longer axis of the foot being nearly in a line with that of the leg. The member is folded upon itself. The sole is crowded with fissures, is very concave, and the dorsum projects more than usual and shows several protuberances, owing to the displacement or luxation of some bones, most usually the scaphoid. Especially is this the case if the part has borne much and long-continued pressure, from standing or otherwise.

The *third* degree is when the heel is so much drawn up as to bring the dorsum of the foot into nearly a right line with the shin. If it remained so placed, the ends of the toes would be the only support; but, as might be supposed from the flexibility of the parts, they yield to the superincumbent weight, if it is long continued, and the deformity passes into the second or third degrees of valgus or varus. This shows the importance of an early remedy.

Talipes calcaneus, or the *fourth* class, is the opposite of talipes equinus. It results from an undue contraction of the muscles of the front part of the leg, and is very rare. Dr. Little was the first to notice it, and Dr. Detmold has since met with but one solitary case of such deformity, and from its resemblance to the position of the foot in the stirrup, he prefers to name it *talipes equestris*; he thinks it would ensure more uniformity in the nomenclature, and in a half playful manner he adds that "another reason for suggesting this, is, that the only child in which we saw it, is the child of a former dragoon officer, and putting our theory about the paternal inheritance of talipes a little upon the stretch, the child may have been afflicted with the deformity in consequence of his father having been too long in the stirrup."

Of the several deformities, varus is the most common, and often congenital. The two former seldom are so. They are most usually the results of external injury or disease, and are the most difficult to remedy. The muscles of the leg are lax, soft, and are much wasted. They lose their tone and strength, and do not answer readily to the will. Pes equinus offers some exceptions to this rule.

Operation.—Varus.—When it becomes necessary to operate in the deformity, it is plain from the anatomy of the part, and the character of the deformity, as described, that the division of the tibialis anticus, and, it may be, of the tibialis posticus, will be necessary. The general manner in which this is to be accomplished has already been noticed. The division is to be made upon the inside of the foot, and after this is done, the part is brought, after waiting a proper time, varying from one to three or four days, as nearly as practicable into its natural position, and some one of the many contrivances that have been devised to keep the part there is to be immediately applied. The particular adaptation of the apparatus belongs exclusively to orthopœdic surgery, and should be treated of in a work devoted to that particular department. The kind of apparatus used, will depend upon the views the operator may entertain of its adaptedness for the accomplishment of the end proposed. Our present object is only to speak of the deformities as corrected by tenotomy alone. This will enable us the better to determine *what* it accomplishes and *how* it does it.

In varus of the *second* degree, the tendo-Achilles is implicated, and if the case is one of much standing, the resistance offered by the fascia plantaris, and tibialis anticus, and posticus, will require removal.

The *third* variety of varus also requires the same division, but more imperatively. The question will be asked, by the opponents of tenotomy, "cannot all this be accomplished without a division of the tendons?" We reply, it *may* be. "Of what service, then, is tenotomy?" It allows the cure to be accomplished with more *certainty*, in a *much shorter period*, and with less *suffering* to the patient, and it increases *general safety*. It allows the removal of deformity *earlier* with infants, and *later* with those more advanced.

Valgus.—The tendons of the muscles in fault are here to be divided the same as in *varus*. The particular manner of subsequent treatment is a matter of orthopœdic surgery, and its introduction to this essay would be forced.

Talipes equinus.—When it becomes necessary to operate for this deformity, the tendons to be cut are the Achillis, the fascia plantaris, and most generally some of the tendons of the toes. If the case has passed to some degree of varus or valgus, one or each of the tibial tendons will require division. Each particular case will determine the particular operation. Only general rules can be given. The modification of the treatment must rest with the skill of the practitioner. When several tendons are to be divided, they should not all be cut at once. By so doing, we should increase the danger of irritation, and perhaps defeat the accomplishment of our object.

Talipes equestris requires a division of the principal flexor muscle connecting the foot with the leg.

False Anchylosis.—False anchylosis is another object to be relieved by tenotomy. By false anchylosis is usually meant a rigidity of the ligaments and tendons, and it may be a membranous union of the articular surfaces, that impede the functions of the affected part. A variety of causes may induce this state of a joint, but it is only when the rigidity depends upon muscular contraction, or, as it is sometimes called, structural shortening, that sub-cutaneous section is indicated. Tenotomy may also be practised in deformity of the hip, with luxation—though in this case it should not be employed until "the original disease, and any tendency to relapse, have completely subsided."

The sub-cutaneous section has also been practised, and with the most flattering success, by Dr. Little, for the relief of false anchylosis of the knee. I cannot better express the character of the operation than by the use of the doctor's own words. "No class of deformity," says he, "better illustrates the advantage of the Stromeyeran operation for the relief of deformities, for although the relief afforded by this method, when properly conducted, in cases of club-foot, may appear to be more complete, yet the consideration of the comparatively greater importance and size of the knee articulation, the circumstance that angular deformity of that joint necessarily impairs the function of the corresponding ankle, together with the greater amount of lameness attendant on contracted knees than on club-foot, will suffice to show that the relief of knee anchylosis by tenotomy is as great an addition to the healing art, as that of club-foot." "White swelling, * * * * notwithstanding that this disease is particularly prone to terminate in deformity, constitutes the most favorable form for dividing the tendons, the subsequent mechanical treatment being more easy, and the restoration of the limb more complete, than in anchylosis from rheumatism or from extensive suppuration from phlegm."

Permanent contractions, whether the result of spasm or paralysis, accompanied by structural shortening of the muscle, are relieved by tenotomy.

With regard to the relief tenotomy affords for deformities of the upper extremities, Dr. Little has the following remarks. "In principle, subcutaneous tenotomy is equally applicable to the upper and lower extremities; but a wide difference exists in the application of the principle." A part of the difference depends upon the more complicated structure and greater diversity of motion of the upper extremity. Though the ankle is susceptible of flexion and extension, abduction and adduction, yet how awkward and stiff are the motions of this member compared with the delicate and endlessly various motions of the forearm and hand. What an increased number of muscles, tendons, nerves and ligaments, are crowded into a still smaller space; all of which greatly embarrass the application of orthopœdic surgery. The removal of one deformity, may, by exciting irritation and consequent adhesion, produce a deformity "seven times worse" than the first. Such considerations as these will warn the enthusiastic tenotomist to proceed with extreme caution in the practice of his art. Patience, judgment, an intimate knowledge of the anatomy of the parts, their physiological relations, and pathological changes, are all essential, even to tolerable success. Without these, tenotomy becomes a dangerous humbug, and the surgeon an empirical pretender, playing upon the ignorance and infirmities of poor human nature.

In cases of angular knee anchylosis, after the division of the several tendons implicated, as those of the biceps, semi-membranosus, semi-tendinosus, &c., Dr. Little has proceeded in some cases to divide the nervous filaments. He says, "if unaware of their nature, you might, before their section, suppose them to be fibrous bands, but the peculiar pain complained of by the patient will indicate their character. An experience, founded on the performance in numerous cases, and the management of the subsequent mechanical treatment, has shown me the propriety of not leaving these filaments undivided. If stretched during the after-treatment, very severe pains may be experienced, enduring weeks or even months." In most cases the operation is followed by little or no pain, or fever, and the puncture cicatrizes, and the severed filaments unite kindly, when perfect rest is enjoined and maintained.

Strabismus.—The operation for strabismus, or squinting, though more strictly one of myotomy, has been classed among those of tenotomy, and may not be inappropriately noticed in this connection. It is a mortification to learn that the first suggestion for this important measure, came from a migrating charlatan of the early part of the last century. About forty years after, it arrested the attention of some German physicians, but it was not received with much favor. Its practicability was afterwards fully demonstrated by Mr White, of London, who performed the operation upon several inferior animals; but it was left for Dieffenbach, of Berlin, to apply it successfully to the human subject. More than a century after its unhappy origin, and with a doubtful reputation, it has, with a rapidity unequalled in the history of medicine, acquired a permanent place among the resources of modern surgery.

The particular defect proposed to be remedied consists in an irregular contraction of one or more of the muscles of the eye, most commonly the rectus internus. This defect appears in many cases to be hereditary, though not often congenital; it is frequently a sequence of nervous diseases and injuries.

Since the disease, as a general rule, has no disposition for a spontaneous cure, it becomes necessary to resort to an operation. Supposing the rectus internus to be the faulty member, the manner of effecting a division is as follows. Cause the patient to turn the eye outward; then seize a fold of the conjunctiva by a hook, or forceps, a little without the membra-semilunaris, then with a small scalpel or scissors cut through the elevated portion of the conjunctiva, and also the subjacent cellular tissue. With a blunt hook, passed under and behind the muscle, expose it to view, and with a pair of blunt pointed scissors divide its semi-tendinous portion as near as practicable to its insertion. If, after the division, the pupil can be directed inward, it is evident that some connecting bands remain undivided; these must be searched for with the hook, and divided. Connected with the operation there are many minor manipulations, which it is needless to mention in this place. Where it was proper that the operation should have been performed at all, and when well performed, it has in most cases proved successful, nor is there, as has sometimes been stated, a very strong tendency to retain the defect. The division of the other muscles of the eye requires only such modifications as will readily suggest themselves.

Deformed Toes.—Deformity or mal-position of the toes is often the result of inflammation or irritation induced by wearing tight shoes. The difficulty is first noticed by pain and weakness in the parts thus cramped. The gait becomes defective, and continued walking is extremely irksome. The flexor muscles are in defect, drawing the points of the toes down, and, where one toe only is affected, its extremity is hid beneath its fellows, upon either side. Upon the apex formed by the bending of the middle and proximal phalanges upon each other, there is usually a callous projection, that is extremely sensitive and troublesome.

For the relief of such mal-position, the operation consists in passing a very narrow, thin blade beneath the integuments of the first phalanx, and the flexor tendons; turn the cutting edge towards the bone and divide the tendons. The contraction is occasionally so rigid as to prohibit the toe from being brought at once into a perfectly normal position, but a proper application of splints, or such other apparatus as the surgeon's skill may suggest, will eventually accomplish the desired purpose.

Advantages.—1st. It prevents the accession of spasm. When an attempt is made to reduce a deformity, produced by a retracted muscle, to its normal condition, the degree of force necessary to overcome the contraction is so great, as to produce irritability and a repetition of violent and continued spasm. These become so excessively painful as to be altogether insupportable, and we are obliged to abandon our treatment. A division of the tendon of the faulty muscles diminishes the retractive force, lessens the pain of extension, and consequently the liability to the supervention of spasm.

2d. Where the deformity occurs in those of rigid fibre, and withal somewhat advanced, who are robust, and have been much accustomed to labor, the mere force necessary to make an impression upon the retracted muscle is extremely painful. Besides, even by such force the parts will often yield but little. Cut the tendons, and the difficulty is removed.

3d. A division of tendons brings many cases within the range of *perfect* cure, that would otherwise be but *partially* remediable, or entirely beyond any relief whatever; especially is this the case when there is a chondroid transformation of muscular tissue. This occasionally occurs in contracted muscles. Instead of the ordinary waste of fleshy fibre, we find there occurs in the cellular tissue a deposit of pseudo-cartilaginous matter, not unlike that forming the bones in their earlier stage of development. Where there is such a condition of the parts, the most devoted "machinist," if he will not allow the utter impossibility of extending without the aid of tenotomy, will at least grant that the operation gives a saving of much time, pain and expense.

4th. It diminishes the period of cure. It will be given, as the belief of any orthopœdic surgeon of much experience, that one half the time necessary to effect a cure by extension alone, may be saved by a division of the tendons at first. It may also be accomplished more *perfectly*, and with infinitely less suffering. The former object affects the future well-being of the patient. It moreover reflects upon the reputation and skill of the operator. A half-performed cure is but little more creditable than an utter failure. The latter object gained, affects the patient's present comfort. Instead of lingering along through weeks, and it may be months of uneasiness and extreme torture, he is transferred, after the slight pain of the operation and the discomfiture of the first few days, to comparative ease and quiet. After the part becomes habituated to confinement and the straitness and pressure of the apparatus, there is but little more trouble. And this usually happens, except in unusually irritable subjects, after the lapse of the first few days. I do not mean to assert that the division of tendons is the most efficient means of reducing these deformities; but that it is a most important agent, but few unprejudiced practitioners will deny. The ultimate result will be modified by the judiciousness of the subsequent treatment. The proper regulation and continuance of that is of the utmost consequence, and is fully treated of in the several works relating to the deformities that are objects of tenotomic manipulation.

5th. When a tendon is divided, extension is readily effected, and that before an union is effected, provided the extension is continued. There must be an increase of the medium of continuity. In other words, the space formed by division must be filled. The substance by which this is accomplished readily admits of extension and elongation, and it is this that compensates for the structural shortening of the muscle.

6th.—When there is no structural shortening, as is the fact in all recent cases, and even in old cases where the cause is purely spasmodic, tenotomy relieves the spasm dynamically. The contractile or spasmodic energy—or, as Dr. Detmold calls it, "the surplus of vital power"—is cut off by the division, and the muscular energy is restored to its natural standard. This is the theory of both Stromeyer and Detmold, as applied to this particular operation, though its practical utility is successfully tested in the division of stricture generally. Did not the spasmodically contracted muscle possess an unnatural share of energy, a division of its tendon would result in debility and deficient action or lameness. In some cases, one division of the tendon does not destroy entirely the spasmodic energy. A second division must then be resorted to.

7th. Another, and a very important advantage derived from tenotomy, and closely connected with the latter, is, that by relieving the spasm, the means of increased nutrition are afforded to the affected parts. It is an universally-observed circumstance, that, when there exists continued contraction from spasmodic action, the muscles are withered and shrivelled. The nerves and bloodvessels participate in their derangement. The former lose their integrity ; the latter are diminished in volume, and their power of propulsion is lessened. Hence there is less plumpness, and a greater want of calorific energy, in a withered limb, than in one of normal condition.

8th. Tenotomy enables a cure to be effected by an ordinary apparatus for extension ; while without it, the machinery necessary to remove the deformity would be without the compass of the skill of the operator, or the means of the patient. It may be said that this is making a want of mechanical tact, a reason for operating. Granted—but if the reason cannot be obviated, why is it not philosophical to pursue the next best course ? As has been remarked by a distinguished member of the profession—"Not every operative surgeon, nor every one of high and just pretensions, can apply a difficult complication of bandages, steel and leather, with discretion."

Disadvantages.—Of the disadvantages attending tenotomy, it will be seen that some of them are real, and founded upon past experience, while others are alleged by the opponents to tendon-cutting, and find a much broader foundation in the imagination of those who advance them, than in any well-attested fact. Many of them are mere denials of the advantages to be derived from the plan of division.

1st. The operation, while it increases the risk of positive evils, does not entirely remove the necessity for much mechanical force, and of consequence the suffering and danger of such extending force. The reason of this will appear obvious when we reflect upon the position of the bones and ligaments implicated in the defect. These will show that much wariness and caution should be exercised, even where the tendon has been cut, lest the same untoward circumstances should arise that it is the object of tenotomy to obviate. The force of the several sets of muscles is not the only cause of deformity; or, rather, it is not the only obstacle to restoration. In the case of club-foot, the bones have adapted themselves to the mal-position, and the several ligaments have been contracted or extended, as the case may be, and all still offer the same force to proper extension, as if no tendon had been cut. This might be illustrated by example, was it deemed necessary to a better understanding of the subject; but every one familiar with the mechanism of the parts involved, and with the general physiology and pathology of the several tissues, will comprehend the difficulty alluded to without farther detail.

2d. When a tendon is divided, it has been remarked, that the bond of union admits of extension. In some cases the readiness of extension will prove a source of much inconvenience in the attempt to remedy the entire defect. For instance, in the deformity called pes equinus and varus of the third degree, the heel is not only drawn up, but the foot is doubled or folded upon itself. Cut the tendo-Achillis, and what do we effect? By a yielding of the new bond of union, between the extremities of the divided tendon, the heel is readily brought down, but the very ease by which this is accomplished prevents the extension of the contracted arch to that degree which would have been the case had no division been effected. This disadvantage may be partly obviated by a farther division of the fascia plantaris, though it must be acknowledged that this particular part of the deformity is not so completely removed when tenotomy is performed as when reliance is placed wholly upon mechanical extension. I say so *completely* removed. But so far as my knowledge extends, in all the reported "cases of perfect cure" where the deformity in question has existed, more or less of it has remained, notwithstanding every attempt to remove it.

3d. While tenotomy may allow the parts to be restored to their natural position sooner than they would otherwise be, yet the firmness necessary to keep them there is not always so soon restored or gained as would have been the case had no operation been performed. The *apparent* cure has been effected, when the danger of a return of the mal-position of the parts is increased by a neglect to continue the proper precautions, and by the difficulty of enforcing a particular plan of treatment, while there is no apparent necessity for it.

4th. Where the deformity is dependent upon spasm of the muscle, the division of its tendon is immediately followed by the contraction of the muscle to its minimum longitudinal dimensions. "The distance," says Dr. Coates, "between the divided extremities is at once brought to its maximum, and a very long portion of new-formed matter must be interposed between them, in the process of cure. It is vain to pretend that in this condition the muscles can perform their proper functions. They are reduced, together with their tendon, nearly to the effective condition of a single ligament; and the patient may remain for life incapable of rising upon the toe—a motion of the utmost importance to easy progression." Such *may* be the case, but the experience of practice shows that it does not often occur; and when it has happened, it may have been the result rather of injudicious treatment after the operation, than of the simple division of the tendons.

5th. When a muscle has been long placed out of action, or the power of exercising its proper function, its nutrition is modified also. It is subjected to marasmus, it wastes, and loses in a measure its fibrous character, and in extreme cases is converted into what is but little more than condensed cellular tissue; retaining, however, the power of assuming its normal condition and its tonicity and power of retraction the moment it is placed in a condition to do so. Tenotomy restores this condition, and as the cellular tissue receives its fibrous deposit, the whole muscle gradually retracts, and putting the new bond of union more and more upon the stretch, the ends of the divided tendons are brought farther and farther asunder, until such action is arrested by the increased tendinous character of the medium of continuity. The result of this is the loss of strength, and impediment to free motion.

6th. Tenotomy offers an inducement to *hurry* the cure too much. This objection, or disadvantage, holds rather against the operator, than the operation. But, nevertheless, such is the practical effect. Mal-position of the parts is, comparatively speaking, so readily overcome, that time is not allowed for the osseous, cellular, cartilaginous and ligamentous tissues to undergo the several changes necessary to prevent a permanent and intractable deformity.

7th. Among the immediate dangers resulting from the practice of tenotomy, are enumerated that of wounding important blood vessels, and consequent inflammation with its train of grave attendants.

These are very formidable dangers, to be sure; but the long experience of the very highest authority shows that the fear of any such results is without foundation. *Ordinary* skill will, in any case that does not positively prohibit the operation (as when there is already much inflammation, where there is an irritable ulcer in the neighborhood of the operation, when there is a very strongly-marked scrofulous diathesis or some idiosyncracy), enable the surgeon to escape unharmed from all these bug-bear dangers. Would that the dangers were equally small in some of the not less important, but far less questionable resources of practical surgery.

BELLADONNA IN SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Your able correspondent, Dr. Bachelder, of Massachusetts (see Vol. XXX., p. 209), was in error respecting the introduction of belladonna as a prophylactic in scarlatina. The doctor says that no trials were made with the belladonna in England until the year 1833. This is a mistake. A friend of mine, Dr. John Williams, of London, made frequent use of the tincture, both as a remedy in, and a prophylactic against, scarlatina, as recommended by the celebrated Prussian physician Hufeland, in the year 1828. I resided in 1830 in the city of Pittsburg, and used the tincture as a prophylactic against the contagion of this malady. The disease prevailed in a school in the vicinity of the city; three of the children were attacked with the disease, one of whom, from its malignant character, died on the third day. There were in the school, at that time, fifteen other children, to whom I gave the tincture, and they all escaped the disease. In a small house in the vicinity of this village, last year, were four children attacked by scarlatina maligna, and there were also in the house three other children. The youngest of the children attacked, being about 11 months old, died; the others recovered. To the other three I gave the tincture twice a day, for ten days in succession, and they entirely escaped. The following is the formula I used in preparing the tincture:—R. Belladonna ext., ℈j.; spts. tenuior, ℥iv. M. Give as many drops as the patient is years old, twice a day, in a little simple syrup.

I will not offer an opinion on the *modus operandi* of this medicine. I give you the facts as they occurred in my practice, and I would be glad if my medical brethren would make trial of it, as a prophylactic, and a remedy. In the one case it will prevent, and in the other mitigate, the severity of the disease. Now whether this medicine acts as a preventive by diminishing the excitability of the system, so as to render it unsusceptible of the action of the "contagion," or any condition of the atmosphere, I leave some of your more learned correspondents to answer.

Martinsburg, Ind., Sept. 17, 1844. Yours very truly,
E. C. Sugg, M.D.

TRIPS INTO THE FARTHER WEST BY INVALIDS.

It is well known, that from the bed of the Mississippi to the base of the Rocky Mountains, through an average of 20 deg. of longitude, there is a general ascent, till the western edge of the great inclined plain, in the latitude of 42 to 43 deg., according to Lieut. Fremont, attains the altitude of 7,000 or 8,000 feet above the level of the sea, or about 16 times that of Cincinnati, Louisville, and St. Louis. From this elevation, the mountain range, which divides the waters of the Pacific from those of the Atlantic, rises 4,000 or 5,000 feet higher, having its summits covered with perpetual snow, and consequently condensing the vapors, brought by the west wind from the former ocean. The rivers which meander through this largest of all prairies, are chiefly the Platte, the Kanzas, and Arkansas, in the latitudes of Ohio, Kentucky, and Tennessee. It is mainly along them and their tributaries that any woodlands are to be seen; everywhere else the traveller meets only with such herbaceous plants and grass, as delight in a thrifty soil. At certain times, copious rains fall on this region, but a sandy soil soon imbibes them, and dews are consequently sparing; while permanent swamps or marshes are almost unknown. In fact the air and earth are dry and comparatively free from fogs, musquitoes, and malaria, after we have ascended the inclined plain a few hundred miles from the right bank of the Missouri river.

Such is the outline of the boundless savannahs on which, in these latter days, some enterprising invalids have sought for that health which our polypharmacy had failed to impart.

The gates of entrance into this great field, are the mouth of the Kanzas, in the latitude of Cincinnati, and the mouth of the Platte, about two degrees further north, that is, in the latitude of 41 deg., 02′ 11″. The routes are, along the latter river, in the direction of the South Pass to Oregon, and between the waters of the Kanzas and Arkansas, to Santa Fee and Lower California; there is, also, a road from the valley of the Kanzas, to that of the Platte. The mule is the camel of this desert. Equally adapted to the saddle and the harness, strong, hardy, healthy, not much of an epicure, and capable of subsisting on very little, he may be regarded as the *sine qua non* of the trader, traveller and invalid, in their wanderings over this woodless wilderness. The small mules are preferred to the larger, and females to males. I lately rode one a short distance, which had just brought her owner from California, and found that her sure, easy and nimble walk, raised in me such an inclination to put off for the Rocky Mountains, that I prudently dismounted, especially as I was not provided with that indispensable implement of the traveller into this newest Far West, a good rifle.

Well, the arrangements are now made for the journey of health; but who are the invalids that may undertake it, with the hope of benefit? I answer:—First. *Dyspeptics*, who by intemperance, gormandizing, idleness, or hard study, have broken down their digestive organs. Second. *Hypochondriacs;* such as students of medicine who have been rejected after a third examination—unfortunate speculators, who are unwilling to work, and want time for meditation on future schemes—disappointed office-hunters, who have cracked their voices in proclaiming their merits to the people; and dismissed office-holders, who would otherwise make a " voyage up Salt River." Third. Those who labor under chronic hepatitis and jaundice. Fourth. *Consumptives*, who are not too far advanced to take the saddle.

Let us now inquire for a moment into the circumstances from which the proposed benefits will result. 1st. Extrication from the luxuries and dissipations of society. 2d. The regular and long-continued exercise. 3d. The reduced and simple diet. 4th. Lodging on the ground, amidst the short grass. 5th. The constant immersion of the body in a dry, unmalarious, and invigorating atmosphere. 6th. The exercise of the senses on new objects and scenes. 7th. The excitement connected with the danger of being lacerated by the bullets of the *Pawnees;* pierced to death by the arrows of the *Blackfeet*, or picked to death by the *Crows*.

Possessing these active qualities, a trip to the Rocky Mountains cannot fail, in numerous cases, to accomplish more than every other remedy, and I beg leave to commend it to all who are interested, as a measure that will either kill or cure.—*Dr. Drake's Travelling Letters.*

DEATH FROM FALSE TEETH IMPACTED IN THE ŒSOPHAGUS.

[Dr. James Duncan, Surgeon to the Royal Infirmary of Edinburgh, relates, in the Northern Journal of Medicine, the following interesting case of fatal hæmorrhage from perforation of the arch of the aorta by two artificial teeth accidentally passed into the œsophagus.]

A young man, aged 22, a dentist's workman, having lost his two front teeth by an accident, supplied the deficiency by a couple of artificial teeth secured on a frame in the usual way. He sometimes slept with these teeth in his mouth. On the 28th of February last they were missing in the morning, and the young man complaining of pain and difficulty in swallowing, he applied to Mr. Syme, who with a probang detected a foreign body in the œsophagus, much beyond the reach of the ordinary forceps used for extracting foreign bodies from the gullet. The patient was removed to the Infirmary, and attempts were made to entangle the foreign body in a skein of thread connected with the probang, but in vain. By and by the pain subsided, and the patient left the hospital in the evening of the 9th day, March 8th. Next morning Dr. Duncan was hastily summoned to see him at home. In rising from bed, and crossing the room, he had become suddenly faint and giddy, and had vomited a mouthful of blood. He was immediately removed to bed, and complained of a feeling of great weakness, and of some slight difficulty in breathing. His face was pale, and the skin rather cold, but the pulse was of moderately good strength. From his description of what had taken place, I was led to believe that the foreign body had been dislodged from its situation, and that it was possibly within the reach of the forceps, with which I had provided myself. I accordingly requested him to sit up by the side of his bed, to enable me to make the necessary examination. This he did with ease, and without much assistance, expressing great anxiety to have something done to relieve him. The act of depressing the tongue, to enable me to introduce the forceps, produced vomiting, and a mouthful of dark fœtid blood was discharged. This was immediately followed by another but much larger quantity of fluid of the same description, perhaps about eight or ten ounces, and the false teeth were heard to rattle against the vessel into which it was received. The patient was immediately aware of this, and his friends were overjoyed at what had taken place. Another mouthful of the same fluid was then ejected; an interval of a few seconds elapsed, and then a mouthful of bright arterial blood was discharged; a second and a third followed, the lips became livid, the pulse at the wrist ceased, the patient gave one or two convulsive sobs, and expired.

An inspection of the body was readily obtained from the friends. The pharynx, the œsophagus, and stomach, along with the carotids, subclavians, and arch of the aorta, were removed entire, a ligature having been previously thrown around the duodenum to prevent the escape of the blood which had accumulated in the stomach, and so enable us to form an estimate of the quantity which had been lost. The œsophagus, stomach, and duodenum, were found distended with pretty bright arterial blood. The quantity could not be measured; but in the opinion of those present at the examination there could not have been less than eight or ten pounds. The pharynx and œsophagus were laid open by an incision posteriorly, carried as low as the cardiac orifice of the stomach. About 4½ inches from the rima glottidis there was an ulcerated perforation of the anterior part of the œsophagus, of about three fourths of an inch in length and three lines in breadth, passing obliquely upwards from the right to the left side. The edges of the perforation were rounded, and there was considerable surrounding injection of the mucous membrane. By this opening the probe could be readily passed into the aorta; but the latter vessel was not laid open at the time, it being thought better to immerse it for a day or two in spirits before doing so. On laying open the aorta subsequently, a perforation of about the size of a large crowquill was found about half an inch below the origin of the left subclavian artery. The opening was irregular in form, the edges everted, and at the lower part there was a pretty firm adherent coagulum. There was little or no vascular injection around this opening. The artery was otherwise perfectly healthy.

THE WATER CURE.

[Dr. R. H. Graham, of London, has recently visited the "water genius" of Graefenberg; and, though possessing no very strong faith, it would seem, in Priessnitz's mode of treatment, yet with a very high opinion of the therapeutic agency of cold water in scientific hands, placed himself under the care of this celebrated pretender. During the two months he remained at Graefenberg, he enjoyed every opportunity of ascertaining the nature of the complaints treated, the kind of patients who applied, and the processes gone through with. Since his return to London, he has published a work upon the subject, under the title of "Graefenberg; or a true Report of the Water Cure, with an account of its Antiquity," in which he exposes the ignorance of Priessnitz, gives a minute description of his method of treatment, and describes its murderous results. The following is Dr. G.'s description of the man.]

Vincent Priessnitz, aged about 42, middle size, broad chest, well built, erect, enters the room with a short, light, active step. Marked with the smallpox, he appears older than he is. He has small gray eyes, deeply-seated, restless, twinkling, searching and suspicious, so that it is unpleasant to give him a steady look, under which he always seems impatient. His forehead appears receding, which arises from a fullness of the frontal sinuses, and not from any deficiency of cerebral development. His head is prominent at the vertex, large at the sides and behind the ears, where phrenologists place the organs of caution, secretiveness, acquisitiveness, firmness, and self-esteem. His manners and attitude are studied and constrained, from having practised the habit of compressing his lips, and, if standing, of planting his body in a fixed and firm position, especially when giving directions to his patients or listening to their inquiries. His answers are always short, and frequently obscure. If the patients trouble him with much questioning as to the *rationale* of his treatment, or the nature of their complaints, they are generally dismissed with a bow. Never was the *ipse dixit* of Aristotle considered more conclusive than the answers of Priessnitz. Their very obscurity carries with it the notion of a mysterious revelation, and is, by many, superstitiously considered a proof of inspiration. The friends of the patient eagerly inquire, "What said he?" and his sayings are often collected and treasured up, as were the scattered leaves of the Cumæan Sybil, or the dictates of a tutelary genius. Whilst giving his advice, he frequently predicts events, which for the most part are sufficiently remote as to the cure, but more at hand as to the effects of the treatment. He is sometimes correct in the former, and, from long experience, seldom errs in the latter. This foretelling of events has acquired for him an immense reputation amongst his imaginative countrymen, and led to that absurd belief that "he can see into the human body as if it were made of glass;" and so fully are they persuaded of it that the phrase is of constant recurrence, and in every one's mouth at Graefenberg. * * * * In giving his directions he seldom assigns a reason; neither does he inform his patients how long any part of the treatment is to be continued; but leaves them, on this most important point, as well as on every other, entirely in the dark. Should the reluctant patient hesitate, or consult his acquaintance, "Priessnitz said so, therefore it must be done," is the immediate reply. Thus his orders are as blindly followed as they are obscurely given. Consultations generally take place at table immediately after dinner, when this "physician of nature" is approached with the greatest deference and reverential awe. By some he is looked up to as a demi-god, and not unfrequently so designated; by others, who have not received any relief from his treatment, he is considered as a successful impostor. Whether, through the infatuation of his own countrymen, he has been imperceptibly led to impose upon himself, or whether he impudently assumes a character to which he knows he has not the shadow of a claim, is somewhat difficult to determine. Perhaps the veil of mystery is thrown over him in order to enhance the value of his advice; seeing men are apt to despise that which is simple, however valuable, on account of its simplicity, whilst they greatly extol that which is abstruse because it is above their comprehension.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1844.

Indian Medicines.—Notwithstanding the universal whim among ignorant people, of which that great tribe of quacks, called *Indian doctors*, avail themselves, that the aborigines possess extraordinary skill in managing the diseases to which they are themselves incident, nothing is more untrue. They are lamentably ignorant of the most common properties of the plants that grow near their wigwams. Like that of the Thomsonians, their treatment is nearly the same in every complaint, whether acute or chronic. They have not the remotest conception of the office of individual organs; nor are they apparently desirous of knowing a single law of the animal economy. The whole system of Indian practice, as now conducted by some of the western tribes, is made up of steaming by means of a hot stone, and in *unwitching* by the *medicine man.* His hideous incantations, yells, leaps, hops and gyrations, together with the monotony of a tom tom beating of a log drum with one head, hours in succession, are distracting to a civilized being, and to all appearance add new miseries to the woes of the poor wretch who becomes the subject of his laborious operations.

The Indians die in great numbers, the victims of excessive irregularity in diet, and exposures to inclemencies of weather, even under the most favorable circumstances of the savage state. By the addition of such vices as have their origin in drunkenness, where whiskey is attainable, the thread of life is made shorter still, and the red man, perhaps the best specimen of physical development on the globe, struggles with death like a giant contending for his rights, but falls in the vigor of his age, a sacrifice, often, to an appetite he neither understands nor attempts to control.

Whatever the Indians do for the sick is at hap-hazard, without reason or the elements of common sense. If a rheumatic pain is sometimes overcome by hot applications, deep-seated inflammations of the viscera often run on at a fearful speed, unchecked or unmodified by medication. Pulmonary consumption sweeps off multitudes of Indians. The poor creatures pass through all the various stages of pulmonary suffering, neither knowing the character of the malady, nor receiving any of those kindnesses which in civilized life smooth the rough road to death.

True it is, that civilization has brought in its train an army of distempers that are strangers in the Indian camp; yet the condition of the civilized is far better, in its worst form, than that of the forlorn and roving Indian, in its very best aspect.

The Indians of North America have no remedies, worth noticing, nor any knowledge of diseases, claiming the least degree of respect. Those, therefore, who palm themselves off upon the bequacked community, as possessors of Indian skill, are rank impostors, who would pick a pocket if they were sure of escaping detection. There are nostrums sold, even in Boston, purporting to have been an Indian composition. This, too, is an abominable imposition. Even a celebrated syrup, by which one druggist in Boston has the reputation of having made something of a fortune, originated in Washington street instead of Passamaquaddy, and is manufactured on a large scale at South Boston, by persons who undoubtedly laugh at those who buy—and still more at those who take it. No confidence should be reposed in any preparation announced as being an Indian medicine. They have no medicines.

Lectures in Medical Colleges.—Catalogues, bearing the prospectus of coming events in the way of lectures, have been gradually accumulating for some weeks.

The Medical Department of *Pennsylvania College*, located in Filbert street, Philadelphia, possesses excellent accommodations. Lectures commence, annually, the first Monday in November. The Faculty seem to be a new set of men, but most of them are well known in the profession.

Columbian College, at Washington city, is progressively establishing a firm reputation. Slow and sure, is better than a flourish and death. The Faculty are well known to the world as men of sterling ability in their several departments. Dr. Page, recently elected to the professorship of Chemistry, is not surpassed by any man of his years, in the country. To genius, he adds perseverance and industry. Lectures at Washington also commence the first Monday in November.

Willoughby University, on Lake Erie, soon opens for public lectures. The village of Willoughby is only nineteen miles east of Cleaveland, on the great thoroughfare between Buffalo and Detroit. Dr. Childs has taken the chair of Obstetrics and Diseases of Women and Children in this school.

Jefferson Medical College, Philadelphia, takes high rank. No opposition can operate against the onward march of this enterprising College. There is no standing still there. The officers have not obtained their places by being cousins or sons-in-law of the Trustees, or relatives of some professor. Merit, there, really gives a man a claim to the consideration of the elective body which has the power of making professors. In 1842 there were 229 students—and the last course, the number was 341.

Castleton Medical College is represented to be eminently successful by its friends—while its enemies boastingly exclaim, can any good thing come out of Nazareth? On the last catalogue there were 130 names, which is undeniably a large class, and one that would satisfy the ambitious views of almost any country institution.

The Philadelphia Medical Association, in its organization, plainly discovers the germ of another college. Great and manifest advantages grow out of an attendance on the course of instruction given by the Association. The third session for lectures on all branches will open in April, 1845, and continue till the end of October following.

At a convenient time we shall resume the notice of other schools, as they open for the season.

Medicines and their Uses.—Although not extensively known in America, a treatise *On Medicines and their Uses*, by J. M. Neligan, M.D., has been published in England, and extended the author's reputation wherever English books are read. First—there is the officinal and common name of each article; 2d, its physical properties; 3d, its chemical; and, 4th, its mode of preparation. Next, the adulteration of individual drugs, with the manner of detecting the imposition; the therapeutical effects; the dose, and method of administration, together with the incompatibles; poisons, their antidotes and treatment.

To make this work most serviceable to practitioners in this country—and for them it is a particularly useful monitor—Dr. Reese, of New York, an eminent, devoted teacher and writer, has entirely remodelled the volume, by adding notes, conforming the author's labors to the pharmacopæia of the United States, and including all that is new or important in recent improvements. Notwithstanding the literary services of Dr. Reese in this instance, for which it would by no means be unnatural for him to feel some considerable solicitude, he assures the public that the most accurate, philosophical and complete arrangement of the Materia Medica, which has ever been published, is by Dr. Martyn Paine, of the University of New York. This is true honesty, unhesitatingly avowed, even if it should interfere with the prospects of his own production on nearly the same class of subjects. If such men only were in the profession, it would soon become an earthly paradise. Instead of rivalry, circumvention, and a low estimate of each other's powers, whenever they happen to conflict with individual self-interest, uninterrupted harmony would characterize the whole body of medical men. Without having much more than turned from page to page, we are convinced of the utility and accuracy of this book. By looking at the preliminary observations of the chapter appropriated to cathartics, the evidence of a working intellect is brought vividly into view. We are of the opinion that Dr. Neligan's researches into medicines and their uses, will soon be appreciated and patronized throughout the country. For sale at Jordan, Swift & Wiley's.

Aids to the Study of Medicine.—A revised and modified edition of a book prepared some two or three years since by Dr. Dunglison, of Philadelphia, called *The Medical Student, or Aids to the Study of Medicine*, has been brought out by Messrs. Lea & Blanchard, which is procurable at Messrs. Ticknor & Co.'s, in Boston. The observations of the author apply to the study of medicine, as taught in this country. He does not propose any unattainable points, yet it is uppermost in the doctor's mind to show what a medical education should be in the United States. A feeling of curiosity, alone, should prompt all medical students to procure a work expressly designed for their permanent advantage. There is a vocabulary in the body of the volume, which of itself is worth half as much as the whole would cost. The chapter on prescriptions might be studied to profit by many who are supposed to be wiser than they really are in such matters.

Structure of the Human Body.—Part IV. of Dr. Smith's Anatomical Atlas, has been published. Nothing is yet wanting to make it all that was anticipated by professed anatomists. Illustrations of the circulatory system are admirable, and so are those also of the heart, arteries, veins and lymphatics. One more number completes the set, which would be highly estimated by those who may order it.

Connecticut Retreat for the Insane.—This institution is in Hartford, which is a charming city—and the Retreat is a delightful place. People make use of the old adage, by way of illustration, about jumping out of the pan into the fire; but when Dr. Butler made his exit from South Boston to the Retreat, he went from a good place to a better one. We shall now only advert to the fact, that the institution is well conducted, and the Superintendent sustains himself, and the character of the Retreat, to the perfect satisfaction of the public. At the beginning of the year, there were 89 patients; admitted during the year, 80; died, 9; recovered 44; and remaining, 83. Some statistics of the cost of supporting the inmates may, perhaps, be adverted to hereafter.

Means of avoiding the Electric Current during a Thunder Storm.—The place of greatest security is a railway carriage at a distance from the engine. The rails dissipate the negative charge. An individual is also perfectly protected in an iron vessel at sea. In a house, the most secure position is the most central point, if in an apartment without a flue the better. A cellar affords good security against the upward or negative current, whilst a bed affords the best security against the effects of the downward or positive current. To avoid danger, if an individual is on high ground, he should descend; if in a field, he should retire to a hedge; within twenty yards of a tree is a safe position, and, if possible, lying down. It is better not to remain on horseback during a thunder storm, and those who are in carriages should keep the windows closed. At sea it is necessary to avoid the masts and forecastle of the vessel and to retire to a hammock. If in a boat, rear a wet oar near its head, retire to the stern and lie down. A position near a lake or stream of water is highly dangerous.—*Turley on Thunder Storms: Medico-Chir. Review.*

Medical Miscellany.—It is proposed to establish a College of Chemistry in London.—The Thomsonians of the State of Maine propose holding an annual meeting at Freedom, on the 24th instant.—Cases of yellow fever have occurred in New Orleans and in Mobile, but no great alarm has been created. Northern people should not go South at present.—In the Municipal Court of Boston, last week, Geo. E. Morrill, an irregular medical practitioner, was convicted of crime, in his capacity of an animal magnetizer.—At Woodville, Miss., the fever is proving dreadfully destructive.—A great deal of sickness exists in North Carolina, near the borders of the Neuse and Tar rivers.—Dr. Samuel Sterry, of the city of New York, is a candidate for representative to Congress.—Owing to the non-arrival of the medical officers of the U. S. brig Oregon, bound from Norfolk to Chagres, Dr. William Moore, of that city, was taken on board to act as surgeon.—Fever and ague, remittents of every type and degree, now prevail in the interior of Illinois, Missouri and the Upper Mississippi.

To Correspondents.—The communications of Dr. Pancoast, Dr. Ramsey and Dr. Dixon, are on file for publication.

Married,—In New York, Edward Gray, M.D., to Miss A. J. Martin; Minturn Post, M.D., to Miss Mary King.

Died,—At Saratoga, N. Y., Dr. Stadlin, a German physician, by the bite of a rattlesnake with which he was playing.—At Guilford, Conn., Dr. Benoni Sweet, called the *celebrated bone-setter.*—At Syracuse, N. Y., Dr. Geo. Smith.—At Bedford, Westchester Co., N. Y., Dr. James H. Hart, 47.—At Bordeaux, France, Charles Poyen, M.D., well known in New England as the reviver of animal magnetism.—At East Windsor, Conn., James Hervey Morton, M.D., 45.

Number of deaths in Boston for the week ending Sept. 28, 63.—Males, 35; Females, 28. Stillborn, 6. Of consumption, 9—marasmus, 1—dropsy in the brain, 3—scarlet fever, 7—infantile, 7—decline, 2—typhus fever, 2—inflammation of the lungs, 1—hooping cough, 2—canker in the bowels, 1—bowel complaint, 4—cholera infantum, 4—canker, 1—fits, 1—old age, 1—dropsy, 3—inflammation of the brain, 2—liver complaint, 1—enlargement of the heart, 1—inflammation of the stomach, 1—hæmorrhage, 1—croup, 2—inflammation of the bowels, 1—cholera morbus, 1—intemperance, 1—paralytic, 1—jaundice, 1—unknown, 1.

Under 5 years, 36—between 5 and 20 years, 1—between 20 and 60 years, 21—over 60 years, 5.

Health and Fecundity of the Region around Fort Kent, Maine.—These two highly interesting questions, both as regards the United States troops and the French Acadian population, are clearly illustrated by Dr. Wotherspoon, in the following extract from his letter, dated July 1 :—

" During the last two months not one of the men has been confined to bed by sickness, even for a single day, and the same universal good health seems to prevail in the surrounding country. One is the more inclined to wonder at this, on seeing the crowds of little unvaccinated wretches that swarm around the door of every log hut, half clothed, and but poorly fed on sour black bread and potatoes. Nothing has astonished me so much as the large families that are found among the French inhabitants. Five adjoining married couples have had in all 40 children, of whom, 35 are living. A man immediately opposite, on the other side of the St. John, has 27 by two wives, the second of whom bore 14. Lareut Ferriaud, at Green River, has had 25 children by one wife—no abortions. Buonaventure Le Crog had 19 children in 18 years ; and of these, 5 pair were twins. Pierre Richou has had 6 in 3 years, 3 pair twins ; all now living at Shattaquoi, six miles below the fort. Mr. Webber, the present State Commissioner, mentioned that in one house he found a woman with 5 children under 3½ years, one twin and one triplet birth. She was then a third time pregnant, her husband confidently expecting soon to be presented with another pair of the 'pretty prattlers.' I have had several females apply for advice for a prolapsus uteri and leucorrhœa, induced by too rapid child-bearing, and by the habit which all the women around here have, of rising from the bed the second or third day, in order to attend to their accustomed household duties. Day before yesterday, a pretty little French woman consulted me on this account ; on inquiry, I found that she had had five children in six years. I think that 'Ould Ireland' can hardly hold a candle to the Madawaski plantation in either the production of children or potatoes."

This law of extraordinary fecundity and of equally remarkable health is not, however, in conformity to the law developed by statistics, which shows that the ratios of births and of deaths bear a direct relation.—*New York Journal of Medicine and the Collateral Sciences.*

Treatment of Calculus of the Bladder by Electricity.—Dr. Wm. Maclure, of London, writes as follows to the editor of the Lancet, on a new method of treating stone in the bladder.

" A 'Sufferer' imploringly asks in your last number whether you know anything of a method for the cure of stone by electricity, and seems justly to estimate its importance. For his comfort I beg to inform him that there is such a method, and, I believe, a successful one. The author of it, whom at present I have no authority to name publicly, was so good as to call on me, about a fortnight ago, with a patient, on whom he had successfully operated, in order to show me what had been done. The man was perfectly well after, I think, about two months' treatment. I questioned him as to his previous suffering, and there can be no doubt that he had labored under very aggravated symptoms of stone in the bladder. He had, moreover, been sounded, I was told, at one of the Borough hospitals, by an eminent surgeon, whose opinion was that there was a large calculus. The physician who brought him to me informed me that it was a very large lithic acid calculus that had been decomposed. I presume that very soon the subject will be brought before the profession and the public,

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MOLIFORM FIBRO-CARTILAGINOUS TUMOR, ATTENDED WITH ENLARGEMENT AND OBLITERATION OF THE CAVITY OF THE UTERUS,

Successfully extracted by J. Pancoast, M.D., Professor of Anatomy in Jefferson Medical College, Lecturer on Clinical Surgery at the Philadelphia Hospital, &c.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient in this case was a Mrs. L., a lady 37 years of age, residing in the upper part of the city, who had been for a considerable period under the professional care of Dr. John K. Knorr, of this place. From this gentleman I have received the following brief history, which is illustrative of the obscurity so commonly attendant on uterine tumors, previous to their making their appearance in the vagina.

"Thirteen years since, Mrs. L. aborted with a first child. A short time afterwards, feeling that all was not right with her, she consulted the physician then in attendance upon the family, who advised her to wear a pessary. A waxed cork pessary was accordingly introduced, which she wore for some weeks. After riding upon one occasion for some distance, on a rough road, she was seized with a severe pain in the lower part of the abdomen, accompanied with a discharge of blood from the vagina. This induced her physician to remove the instrument. Since that period, she has at different times consulted various physicians, all of whom agreed in believing that she had merely prolapsus uteri. After she came under my charge, consultations were at my request held with two distinguished practitioners of this city, one of whom supposed there was a tumor of a carcinomatous character, covering a large portion of the posterior part of the uterus; the other, that there was a polypous or carcinomatous expansion of the posterior lip of the uterus. A remarkable feature in this case was the fact that she menstruated regularly till within a short time of the period at which you first saw her. During a few weeks prior to the operation, there was a discharge of pus from the tumor at intervals of several days; on one occasion as much as half a pint being discharged at a time. This discharge, it was hoped, might effect a reduction of the tumor, so as to protract the patient's life. No such good effect, however, seemed to follow; the tumor appeared to steadily increase in size, and the patient became altogether confined to her chamber. The success of the operation you performed has been perfect in this case, Mrs. L. now enjoying as good health as at any previous period of her life.

Very truly yours,
To J. Pancoast, M.D. J. K. Knorr."

When called to the case of Mrs. L., in consultation with Dr. Knorr, an uterine tumor could be felt on palpation over the hypogastrium, round and smooth, and about the size of the fœtal head. The vagina, on examination, was found filled with a globular mass at its upper part, from which a tail-like process protruded, with its free end between the labia. This end was about an inch and a half broad, and an inch thick; and from its exposure to the urine, and probably to the contact of foreign bodies, was almost black, diffusing a gangrenous odor. On tracing up the tumor with the finger, no line of demarcation could be distinguished between the morbid growth, and the rounded mass of the uterus itself, which could be felt at the top of the vagina. A small fissure, however, was detected on the side of the tail-like process, which led into a smooth, narrow cavity a half an inch deep, the axis of which was in the direction of the centre of the mass above it. I was led to infer from the examination, and the great solidity of the uterine tumor, that this cavity had probably been the source of the purulent discharges, and that its present small size might be owing to a rapid growth of new substance from the whole inner face of the uterus, which had not only filled up the cavity of that organ, but shot out in the process discoverable from the vulva. I made an attempt to draw down the whole mass of the tumor by this process, so as to expose the point at which the expanded orifice of the uterus embraced the tumor, but the process was found too friable to admit the application of the requisite degree of force. The finger was then brought from the top of the vagina downwards, so as to search for the junction of the os tincæ with the process of the tumor, the process being pushed in the opposite direction with the other hand. By this means I was able to detect a little prominence, which proved to be a portion of the lip of the uterus, that had been overlapped and obscured by the tumor. The end of the forefinger was gradually worked under this prominence and carried round the tumor, so as to separate from the latter the inner face of the neck which adhered closely to it. The ends of the forefinger of each hand were then carried up on opposite sides of the tumor, to serve as points of support to each other, while the process of separation was continued as far up as the fingers would reach. The partially loosened mass was then grasped with the thumb and forefinger of one hand, so as to draw the tumor downward till the *os tincæ* came in view from the vulva, and the separation continued further with the forefinger of the other hand, which was carried up with its palmar face towards the uterine wall. When the tumor was detached from the uterine wall as far as the finger would reach, recourse was had to a small pair of the œsophagus forceps invented by Dr. Bond, of this city. This instrument was passed up closed, with the concave face towards the uterus, between the uterine wall and the adherent tumor; and the blades then opened with force, so as to continue the process of separation. By repeating this manœuvre on the several sides of the tumor, its loosening was effected up to the fundus of the uterus. The forceps were then passed up with their *concave face to the tumor*, and by using them partly in the manner described and partly as a lever, the whole tumor was detached from the uterus, and drawn out from the vagina in a mass, lacerated to some extent by the instrument. The tumor formed a bulk somewhat larger than the closed fist, and weighed three quarters of a pound. It seemed to have been attached equally to all parts of the internal face of the uterus, the line of attachment, as in cases of moles and adherent placentæ, being rather less firm than the texture of the mass. Not more than five ounces of blood was lost during the operation, which lasted over an hour, and was not attended with a great deal of pain—a dragging sensation at the hypogastrium being the chief suffering complained of, with some severe twinges in the region of the left kidney and spleen, during the latter part of the process.

After the removal of the tumor, the os tincæ, which remained largely dilated, but thin and flaccid like the mouth of a gum-elastic bag, could be seen from the vulva. I introduced a finger into its cavity (which was found rough and cellular to the touch), in order to carry the uterus up to its proper position. The patient was then drawn up in bed, directed to be kept perfectly quiet, and take a tablespoonful of neutral mixture with the tenth of a grain of morphia, every hour, till she should fall into perspiration and be composed to sleep. On the following day she was found free from pain, and comfortable. Some slight soreness was felt in the hypogastrium during the next, which was removed by a single warm fomentation. A slight oozing from the uterus took place during the four or five days succeeding the operation—no further inconvenience followed. The patient was, however, kept in bed for three weeks, in order to obviate any tendency to prolapsus which might otherwise have taken place. At that period, she resumed her usual occupations, and has remained, up to the present time, as healthy and active as she has been at any period of her life.

In its character and mode of attachment to the uterus, the tumor removed in this case was somewhat UNIQUE. It was not surrounded by a mucous membrane or pediculated like an ordinary polypus. It contained no vesicles or fœtal remains like the *ordinary* moliform productions. It was solid, very friable and readily split in layers, appearing to be made up of a mass of gelatinous fibres interlaid with crude opaque albuminous matter. It was of a pale rose hue; this color being in all probability due to the presence of the small vessels which gave out blood during the extraction of the tumor, though no vessels were visible on making an inspection of the diseased mass after its removal.

Tumors of a character somewhat similar to this, have been supposed to arise from the organization of coagulated blood in the cavity of the uterus. But in this instance it seems to me more probable, that it has been gradually developed in the form of a morbid exudation from the cavity of the uterus, which exudation having received, to more or less extent, vessels from the uterus, participated in the menstrual engorgement of this organ, and allowed the menstrual fluid to escape.

Philadelphia, Sept. 24, 1844.

CHEMICAL AND PHYSIOLOGICAL RESEARCHES OF PROF. CROSS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Nations are respected for the wisdom of their law-givers, the justice of their rulers, and the success of their scholars in giving progress to science, literature and the arts. Legislators and Executives receive the honor which the responsibleness and dignity of their offices may demand; while the scholar's aim being his country's honor—by giving progress to science, improving literature, and perfecting the arts—or by laboring to promote those things which conduce to higher civilization, his character is his nation's property, and every individual citizen is its protector. It is under this view, that I, from a sense of duty, request of you the charity of a few pages, that I may give the public some remarks in relation to an individual, against whom there is an inuendo in your Journal of July last. It is as follows:—"Prof. Cross resigned his chair two or three weeks ago, but *not without some hope*, says report, *of being re-appointed.*" Now it is not my intention to say what were the circumstances under which Prof. Cross resigned; but it is my desire to succeed in proving that Transylvania has lost her brightest luminary, and that a long time will intervene before the vacated chair can be filled by one with such resources, and with such abilities to employ those resources, as Prof. Cross. If I do this, it will follow as a sequence that the objectionable feature of the quoted remark is gratuitous; because, if I accomplish my desire, I will have proved Prof. Cross to be a great man—and great men can at any time create circumstances which will place them in positions from whence they can exert an influence commensurate with their intelligence.

It will not do to try to establish my point by instituting comparisons between the resigned professor and his former colleagues—because that will at once be admitting that there is ground to suppose them as learned and as effective as teachers, as Dr. Cross; and, again, because it is not my desire to give him that apocryphal fame which is built upon the downfall of others. And in all cases it is unnecessary to institute comparisons between that one, who has been gifted with an intellect which can observe, reason and conclude, independent in a great measure of the thoughts, reasoning and conclusions of others—and those whose greatest emulation is to give the opinions and deductions of men, whose celebrity is extended, whose influence is acknowledged, and whose reasons and deductions are so couched that they have not the ability to detect the fallacies of the arguments, or the courage to expose the illegitimate or gratuitous conclusions.

But before I enter upon the consideration of my particular subject, permit me to remark, that in our country, those who occupy the responsible and honorable stations of teachers of medicine, and advance claims upon the respect and confidence of the faculty, are not placed sufficiently prominent before the public by medical Journalists. There are many reasons why their abilities, medical information, and their habits of thought, should be noticed, and commented upon ; but two will suffice at the present. The influence of medical schools upon the health and comfort of individuals, through the practitioners which they may send out, can only be judged from a fair examination, by which the public may be made acquainted with the theoretical and practical views of the teachers. Again, in other countries the opinions of men are published, that their nation may be honored for having given birth to individuals whose powers of mind, and habits of thought and reasoning, lead them to conclusions well adapted to exert an influence throughout the world. And should not our own much-loved and much-lauded Union receive honor by placing our scholars, and the effects of their labors upon science, before the world ? Has our native land never given birth to any whose greatness should be our glory ? Can we not produce living witnesses, that we have permitted other nations to be puffed with pride, whilst our own has contended for no additional honor, simply because our Journalists failed or feared to assert the opinions of our citizens ? We think an affirmative answer may safely be given to each of the queries ; and if so, it is a strong—a mighty reason in favor of examining the capabilities, the abilities, and extent of information of those who merit or arrogate the chair and title of a professor of medicine. The reasons are not given without design. We have many medical schools, and if their professors were known, I incline to the opinion that soon some of them "would be numbered with the things that were ;" whilst others would be enabled to increase their facilities, so that professors of undoubted abilities could exercise their legitimate influence. And further, if I am not very incorrect in certain comparisons hereafter to be instituted, I feel sure that our Journalists will see, that from remissness—or an inability on their part, to appreciate reasonings and conclusions, before foreign criticisms had allotted them force and weight, or the ignominy of pointlessness and assumption —other nations, and men of other countries, have received honor and fame for opinions that were asserted and contended for, even years ago, by a citizen of our own country. And had the scholastic character of this man been examined, he would now be placed conspicuously before the world of letters, and his name be respected and loved by every admirer of science. To perform a surgical operation in the same part, and after the same manner, and with similar instruments, that it had often times before been performed, should reflect no more credit upon the operator than the successful building of a machine by a mechanic, after a model ; the ability to lucidly explain the situation, form and connections of the several portions of the human body, should not give a man more respect for intellectual capacity, than should the mechanic's ability to explain the several parts of the machine which he built in accordance with directions given him by another. But that intelligence which can comprehend the principles by which the several anatomical or mechanical parts are retained, each in its relative connection, and the laws which govern their action, and can give them elucidation in language so pure and concise that the ordinary intellect can understand, retain and again explain them, should and does command the respect of all whose minds are cultivated by communion with letters, and polished by high civilization. But how many are satisfied to gain by imitation, the ephemeral fame which gives them local influence—how many are content to become acquainted with the effects of others' labors, and "figure away in borrowed robes of dignity!" and yet, alas! how many do homage to these pseudo-honored persons, and aid in sustaining them in their "borrowed robes," solely from sinister motives, excited by the influence which is wielded from a noon-day reputation! The Journalists—who are the watchmen, placed to superintend what conduces to the interests of the profession—occupy responsible stations, and though they should commend the successful copyist, yet they should frown down any attempt he may make to be as much honored as the bold and scientific originator. But I must forbear. I do not wish to excite the Journalists; yet I can but think that they have failed to do their duty to themselves, the members of the profession at home, and to their country, in permitting conclusions—which have *prima faciæ* evidence of being correct, from their general prevalence in the minds of medical men, since their advancement *of late*—to be claimed by foreign scholars, when, years ago, the same conclusions were announced by JAMES CONQUEST CROSS.

It is not necessary, for the attainment of my purpose, to give the early history of this individual, who, though comparatively a young man, wears laurels, for which many have grown gray, vainly contending. And it would be futile for me to reiterate what every one knows—that Prof. Cross is esteemed for his worth wherever he is known; and he is known in this country, wherever the medical man, who honors his profession, who wishes to sustain its dignity, and desires its advancement, is located. At some future time—if this communication receives from you the attention for which I have designed it—I may give an epitome of the labors of his life, which have placed him so high in the opinion of the medical men in the South and West. But I may be permitted to remark here, that his studies have not been narrowed down within the confines of his own profession—extended as may be the fields of labor which they bound; but he has "observed and reasoned on topics of general physics—indeed on general topics." Possessing an intimate knowledge of human and comparative anatomy, with a mind having peculiar reasoning abilities, he has formed a theory of the absorbent system, which for simplicity and tangibility stands first of all theories which have ever been presented to the medical public of the South and West. And had he been an European scholar, more than fourteen years ago his name would have been placed, as respects honor, side by side with the learned laborers of the 16th century; and opinions but now being discussed, would have been subject of contention, and long before this their fallacy or importance shown or established. The opinions to which I have reference, are advanced in the late publications of the Chemist of Giessen, JUSTUS LIEBIG, M.D., &c., and the Physiologist of the Bristol

Medical School, William Carpenter, M.D. The work of Liebig which I have in possession, is a re-print, and bears date as such, "1842;" but it must have been in the latter part of that year that the energetic publishers of the re-print were enabled to present it to the American public —for it appears that Liebig's dedication to the "British Association for the Advancement of Science" bears date at Giessen as late as "3d June, 1842." The preface of the work, it is true, bears the earlier date of "April, 1842"—but it is certain that the work could not have appeared prior to the date of the dedication. The work of Carpenter which I have in possession is also a re-print, bearing date "1843;" and I am led to believe that it made its appearance before the European public, about the middle, or towards the close of the year previous—for Carpenter dedicates it to the "Professor of the Institutes of Medicine in the University of Edinburgh," at "Bristol, Feb. 1, 1842."

Having thus settled the dates of these publications, let us now proceed to institute comparisons; and it is deemed sufficient—without being particular to refer to page, paragraph, &c.—to state that the prominent physiological and pathological ideas advanced by Liebig, are—"The metamorphosed tissues change arterial into venous blood, in the general capillary system; the oxygen of the air combines with the carbon and hydrogen of the tissues, and from which result carbonic acid and water, and that the presence of these in the capillary system, causes the blood to change from arterial into venous." "The conversion of the blood from venous into arterial in the pulmonary capillary system, is owing to the exhalation of carbonic acid gas, and the absorption of oxygen." "Out of the metamorphosed tissues, bile and the pulmonary exhalations are formed." "A want of equilibrium between the causes of waste and supply, is a cause of disease."

We will now, with more precision, give some of the views expressed by Dr. Carpenter. On page 340 he says, "since the time of Hunter, it has been commonly supposed that the function of the lymphatics is to remove, by interstitial absorption, the effete matter which is destined to be carried out of the system. * * * * * From what has been stated, however, it appears that the special function of the lymphatics, like that of the lacteals, is nutritive absorption." And on page 338 he reasons thus: "The evident conformity in the nature of the fluid which these two sets (lacteals and lymphatics) transmit, joined to the fact that the fluid lymph, like the chyle, being conveyed into the general current of the circulation just before the blood is again transmitted to the system at large, almost inevitably leads to the inference that the lymph is like the chyle, a nutritious fluid, and is not of an excrementitious character, as formerly supposed." And, again, see on page 341 the following language. "If this view of the function of the lymphatics be correct, it follows that we must attribute to the bloodvessels the absorption of the truly effete particles. * * * * * We know that venous blood contains the elements of two important excretions—that of the lungs, and that of the bile."

An expression of these conclusions has placed Liebig high upon the hill of fame, and given Dr. Carpenter much more prominence before the medical public than he would have otherwise attained. But if priority of expression gives priority of credit, then the name of an American citizen should be constantly coupled with the opinions, and the American Union should receive all the honor which may be consequent upon the effects which these opinions may have upon the world of science. I refer you now to a publication which I presume you have in possession—the April No. of the "Western and Southern Medical Recorder." This No., it is true, was issued near two months after the date of Carpenter's, and about two months before the date of Liebig's dedication; but no man of candor would say that the views which it contains were derived from Carpenter, while the impossibility of their being derived from Liebig cannot be questioned. The article to which I invite particular examination, is entitled "THOUGHTS ON INTERSTITIAL ABSORPTION." On page 247, the editor thus expresses himself. "The effete matter is carried into the capillary bloodvessels, and in these vessels the blood undergoes a remarkable change; it is converted from arterial into venous." And on page 247, after a process of reasoning which it is unnecessary for us to notice, he gives his opinions of the manner in which the change is effected, as follows. "Now it appears to us perfectly reasonable to suppose, that the disappearance of the oxygen from arterial blood, and the increase of carbonic acid in venous, is owing to the former combining, in the general capillary system, with the carbon derived from the tissues by the interstitial absorbents, and which is conducted by them into the veins." He previously tells us, on pages 249, 250, that the change from venous into arterial is effected—not by the union of carbon and oxygen in the lungs—but by the exhalation of carbonic acid, and the absorption of oxygen by the pulmonary capillary system. And the editor informs us, that his thoughts on interstitial absorption are "intended merely as an introduction to the study of the source of bile," and the idea of its source being the metamorphosed tissues is apparent throughout the whole of the article; and in a subsequent paper in the July No. 1842, page 384, of the same Journal, he says, "from what has been already intimated in a previous article, it is evident we consider, that elements of the biliary secretion, which consist in the refuse matter of the system, &c." Entertaining these physiological views, Prof. Cross has always taught, that "whatever disturbs the equilibrium that subsists in health between incretion and excretion, is a cause of disease;" and without this disturbance of equilibrium, disease does not exist. This doctrine you will find him maintaining in an essay upon the nature and import of stools in disease, contained in different Nos. of his Journal, beginning in that for July.

We will now examine our Professor's views as regards the lymphatics and the fluid which they contain; and first, on page 245, we see him affirming that certain arguments which he adduced "rendered it almost certain that they (the lymphatics) are important agents in the process of nutritive assimilation, instead of being sewers, through which the old and refuse matter is expelled from the system." And on page 246, after describing the character of the contents of these vessels, he says—"In view of the nature of lymph, it is impossible to suppose that it is derived from the *debris* of the solids of the body." And on the same page, he concludes "that the lymphatics, properly so called, cannot be regarded as the agents of interstitial absorption, and that this office is performed by capillary veins, or absorbent vessels which terminate in them."

Let this suffice. However different the processes of reasoning which were employed, the identity of the views, to which I have called your attention, and which have been attained by Cross, Liebig and Carpenter, is in this paper made evident to even a superficial reader. I have quoted from the latest publication containing the views. of Prof. Cross, because I believe even there his right to priority of expression is apodictically established. But this publication is not the only evidence upon which his right to priority may rest. As far back as the year 1829, he published papers in the Transylvania Medical Journal, in which the same ideas were advanced, the same views contended for, and the same opinions ably defended. These Journals are not at present within convenient reach for me to employ quotations in this letter of reclamation. And in the deliberations and discussions of the Lexington Medical Society, as is well known to those who were its members in its palmiest days, Dr. Cross advanced and defended, at different times, the same conclusions which are noticed in this paper. Nor does evidence stop here. I appeal to the thousand practitioners, scattered throughout the expanse of the valley of the Mississippi, who were members of the medical classes of Transylvania during the seven years preceding Dr. Cross's resignation, to sustain me in my allegation—and to those who were members of the Medical College of Ohio, during the time that Professor Cross occupied a chair in that school, and who have so successfully employed the therapeutics that the Professor deducts from his physiological views, in the treatment of disease, that the conclusions which in this paper are noticed as being affirmed by Liebig and Carpenter, were the opinions held and expressed by Dr. Cross long before the names of Liebig and Carpenter were known in America. There is evidence enough presented in the quotations from, and dates of the Western and Southern Medical Recorder, to convince candid minds; but as the inconvenience at present existing will soon be done away, I will, if thought advisable, institute a similar comparison between the opinions of the chemist and physiologist of Europe, and the opinions of our own Cross, as given in his papers in the Transylvania Journal. FRANK A. RAMSEY.

Knoxville, Tenn., Sept. 16, 1844.

ON THE EVIDENCE OF SCIENTIFIC MEN BEFORE LEGAL TRIBUNALS.

[THE following remarks, from the Polytechnic Review, an English periodical, have reference to a state of things which has often been complained of in this country, especially by members of the bar. There is doubtless often some cause for the complaint; and yet, so far as strictly medical evidence in courts of law is concerned, the uncertainty and discrepancy alluded to are to a certain extent inseparably connected, we apprehend, with the uncertainty of the science itself, and do not therefore warrant the conclusion which the writer draws when that evidence relates to the subject of insanity. His remarks, however, and the chemical case related, are worthy of the perusal of medical men.]

The opinions delivered by men of deep research in their own peculiar departments before legal tribunals, are daily becoming the theme of wonder and ridicule to the public at large. Scarcely is there a trial involving a great question, that ought to be solved by those who have studied the points connected with it most deeply, than there is a collision of evidence, amidst the mockery and sneers of the barristers, whose object is, of course, to win the cause, and not to arrive at truth.

The conflicting testimony of medical men upon the subject of insanity, has tended to show that the judgment formed by persons of common sense, perfectly impartial, is quite as valuable, and as much to be relied upon, as the professional scrutiny of those who declare that they devote themselves to the examination and to the treatment of the insane. But medical evidence has unfortunately been long at a low ebb, and solicitors have every reason to believe that they can purchase it at graduated prices; and when we see the cases which have been subjects of the law courts, we cannot much be surprised at it. We find, for instance, such a trial as that which was brought by the widow of Mr. Kinnear, the banker, to recover £2,000 from the Rock Assurance Company, in which six medical men, two of them physicians, after a careful examination of the dead body, pronounced upon the cause of death; while, on the other side, surgeons of eminence, who had not that advantage, asserted that it must have been by poison, without assigning any other reason than that they were not satisfied with the opinions of the six other gentlemen.

We may possibly find some excuse for the difference of views upon subjects which are somewhat speculative, and that require rather the excise of the reasoning faculties than of the senses; but what are we to say of the practical chemists of the day? who should take nothing for granted, who ought to be guided solely by experiment, whose manipulations should prove the truth of their views. Yet the opinion is now tolerably prevalent that no reliance can be placed upon them, for we find their evidence upon matters of fact diametrically opposed to each other. We constantly observe in the daily press, that upon a trial, Professors A, B, C were for the plaintiff, and D, E, F were for the defendant; assuming as a fact, that, if subpœnaed by the plaintiff, D, E, F would have been his witnesses, and A, B, C those of the defendant, and that there had been a struggle not to arrive at truth, or to tell all that was known, but that the party who paid for the evidence was to have the benefit of everything that could be found in his favor, and all that appeared prejudicial was to be carefully kept back. At the same time, we are prone to believe that not one of these professors would be tempted by any sum to a deliberate falsehood; but they allow themselves to be biassed by their clients, they have taken up a one-sided opinion, and even should they, in the progress of their inquiries, find they laid hold of a wrong idea, they think they are bound in honor to go on in the path in which they have commenced their journey, and try to prove it to be the only one that leads to truth.

That carelessness—we must not call it ignorance—sometimes leads the public to undervalue the opinions of scientific chemists, we must concede. The late case at the Excise Office is an instructive one. We find two of the first chemists asserting, that in a certain liquid there is not the trace of spirits, and we find Dr. Ure showing by analysis that actually three-fourths of the fluid is spirit. A case has just occurred which has involved some very interesting questions, and two of our most distinguished chemists were employed, Dr. Ure and Mr. Phillips, against each other; and whilst it was a singular sight to see two such eminent men brought into collision with each other, each anxious to show the superiority of his own views, it led rather to the conclusion that science was a marketable commodity, which might be brought to assist those who could afford to pay her handsomely.

Mr. Brookes, the proprietor of an estate at East Cowes, in the Isle of Wight, had embarked a large sum of money in an extensive speculation for the building of numerous villas. He considered himself fortunate in having found brick-clay upon the property, and commenced the manufacture of bricks upon a large scale. He baked them in clamps instead of in kilns, which latter are preferred by most brick-makers, because there is less waste, less fuel consumed, and the bricks are sooner burnt. A clamp is thus formed: its foundation is of dried bricks just made, upon which the bricks to be burnt are built up tier upon tier; between each layer of bricks are two or three inches of cinders, from which the ashes have been sifted, and to which the technical term *breeze* is applied. The fire-place and its flues are constructed differently, according to the wish either to dry the bricks speedily or slowly. As the combustion goes forward, emanations and effluvia are, of course, given forth. Mr. Barwell, the proprietor of East Cowes Castle, who was the immediate neighbor of Mr. Brookes, found these vapors not only disagreeable to the senses, but labored under the impression that they were highly destructive to the vegetation, and that they had most decidedly injured his plantations. He accordingly obtained an injunction from the Lord Chancellor against Mr. Brookes, the consequence of which was, the clamp was extinguished, and a most serious loss sustained.

Litigation having once commenced, it was carried on with most energetic decision by both parties. Chancery suits sprung from it, and, after various hearings on both sides, the Lord Chancellor referred it for arbitration to Mr. Swanstone, an eminent Chancery barrister.

Both parties seemed determined to carry on litigation regardless of expense. The proprietor of East Cowes Castle called witnesses to prove the injury his trees had sustained. As it has been a generally received opinion that the ordinary vapor from a brick clamp has no injurious effect, it was necessary to prove that there was some unusual circumstance attendant upon this clamp, and Professor Phillips gave evidence that the breeze employed by Mr. Brookes differed from that which is usually burnt, and that it contained sea-salt; this becoming decomposed at a high temperature, gave forth hydrochloric acid, which produced the deleterious effect complained of.

This argument created considerable interest, and evidently much influenced the arbitrator. Dr. Ure, however, not only exposed the fallacy of the doctrine, but showed by actual experiment that the temperature was not sufficient for the evolution of the gas, but that from the clay ammonia was given out. The two learned chemists insisted upon these most contradictory opinions, and the arbitrator was sorely puzzled between them.

Botany was called in to lend its aid to solve the problem. Dr. Sigmond and Mr. Rogers gave it as their opinion that the trees which were declared to be destroyed were unhurt, and that their apparent unhealthy state was to be attributed to their exposure to the south-west blast, which has a striking influence on vegetation throughout the Isle of Wight. All evidence, however, was of little avail ; the arbitrator could arrive at no decision after the big war of opinion of the chemists ; he condemned each party to pay his own costs, and dismissed the case. Nearly £5000 have been spent, both parties are dissatisfied, the chemists are laughed at, and had the arbitrator gone down to the Isle of Wight on the day he gave his undecisive opinion, after six months' deliberation, he would have found the trees, whose supposed decay had been the cause of the conflict, in full bloom and beauty, and the vegetation even more luxurious than it had been in former years.

CASE OF GLANDULAR TUMOR OF THE NECK.

By W. G. Jones, Esq., Surg. to the Royal Free Hospital.

The following case illustrates a very important point in surgery, viz., the diagnosis between aneurismal and other tumors :—

Charles Johnson, aged 46, formerly a mariner, latterly a navigator, presented himself as a patient in May, 1843. He had a large pulsating tumor on the right side of the neck, gradually enlarging, and from its pressure on the trachea and œsophagus, threatening to destroy the necessary functions of breathing and swallowing. He stated that he had been an inmate of other institutions, and that no operation had been advised, although he would gladly have submitted to any, however painful, as his "life was a burthen to him." A full trial of iodine and other discutient applications was made for a considerable period, but without effect. It, therefore, became requisite to consider the propriety of acceding to his wishes by performing an operation. Some difference of opinion arose as to the nature of the tumor. Mr. Eccles, who had the case, considered it a glandular tumor, an opinion in which Mr. Myers joined ; but several other surgeons who came to see the case, and who were gentlemen of known experience and ability, were very positive that it was an aneurism, and for the following forcible reasons :—1. The laborious occupation of the man rendered him a probable subject of such a disease. 2. The tumor pulsated. 3. It appeared to diminish when pressed upon, and to enlarge when the pressure was removed. 4. A *bruit de soufflet* was audible over the tumor. And, 5. A puncture having been made with an exploring needle, blood flowed freely.

These reasons were met as follows:—1. The occupations of the man were merely presumptive evidence of the probability of aneurism. 2. The pulsation of the tumor might have been (as is frequently the case) the result of the artery beating under the indurated mass. 3. The diminution on pressure and subsequent enlargement might be attributed to the lessening or increase in size consequent on the compressed or dilated state of the arteries and veins that *surrounded* the tumor. 4. With respect to the *bruit*, although not audible to all of us, it was so to the majority of those present; Mr. Myers and myself could not hear it; but it imports little whether it existed or not, as its existence refers little to the case. 5. The flow of blood on the introduction of the exploring needle did not conclude anything further, as it might have arisen from distended cutaneous vessels, or dilated arteries and veins in the tumor. *But* no doubt was entertained by any one that the tumor must be removed in order to save the man from suffocation, nor did any question exist that the removal of it could be effected unless the carotid artery were previously tied. This, therefore, was done, on the 23d September, by Mr. Eccles, in the usual short space of time, although he was somewhat impeded by disarrangement of parts, consequent on the existence of so large a swelling. In order to test the accuracy of the diagnosis, it was determined to delay, for a time, the extraction of the tumor. The day after the application of the ligature slight cerebral disturbance came on, which was subdued by moderate bleeding, but on the fourth day the patient was seized with paralysis of the *left side* (the side opposite to the ligature); the usual remedies restored him to sensation, and, *partly*, to motion. In November, however, he wished to return home, and then, in January, four months after the operation, he was unfortunately attacked with bronchitis, of which he died.

On making a *post-mortem* examination the carotid artery was found to be completely obliterated by the operation. A glandular tumor embraced and intersected all the deep-seated muscles, vessels and nerves of the neck; it was covered by the skin, platysma-myoides, sterno-cleido-mastoideus muscles, and the two layers of fascia.

Now, the only point to which this case refers, is the question, Are we always sure of our diagnosis of aneurism?—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 9, 1844.

Medical Lectures in Boston.—Those who are preparing to matriculate in some of our many schools of medicine, should consider well the advantages of each, before deciding hastily in favor of any one. Such are the manifold opportunities in Boston for becoming familiar with all forms of acute or chronic diseases, and for learning the important art of practical surgery, under the daily guidance of gentlemen greatly distinguished for their attainments, that no one who has been taught his profession in this city can justly accuse us of undue partiality towards our own institutions, in saying that the Massachusetts Medical College and General Hospital, united with other sources of instruction among us, are not surpassed on this Continent. Opportunities for pursuing any particular department for which the individual has a decided taste, or genius, are afforded ; and the Lying-in Hospital, the Eye and Ear Infirmary, the Infirmary for Diseases of the Lungs, the Surgical Dispensaries of the Drs. Warren, the Infirmary of Drs. Lewis and Cabot, the Dissecting Rooms of Dr. Lewis for anatomical pursuits, and the medical establishments at South Boston, present immense fields of themselves for medical students ; and the Chelsea Hospital, besides various charities of respectability and of long standing, in which rare opportunities are presented for becoming familiar with all the phases of various maladies, should not be overlooked. Again, there are private schools, and libraries of exceeding richness, which are to be superadded to all the other advantages which the city of Boston presents to gentlemen in the study of medicine.

The regular annual course of lectures in Mason street, is methodically conducted by gentlemen of tried experience. The cabinets of the Faculty are the accumulations of many successful years of laborious activity. All these recommendations, with the stability of the institution, its prosperity, and the host of excellent practitioners it has given to the country, should weigh well on the minds of those who are pursuing the study of medicine and surgery in the New England States.

American Medical Biography.—Dr. Stephen W. Williams, of Deerfield, who has been some time engaged in preparing biographies of distinguished American physicians, informs us that the publication of the work has been delayed from various unavoidable causes, to the present time, but that this delay will add much to the value of the volume, inasmuch as several important and interesting biographies have been added, and valuable portraits of some of our most distinguished physicians. The work is now in press and in a good degree of forwardness, and will be ready for subscribers and others in a very few weeks. It will be much larger than was at first anticipated, and will contain more than 600 pages octavo, with a good many beautifully executed portraits. The typography and general finish will be equal to any medical work which has appeared in this country. During the prosecution of the undertaking, Dr. Williams has had the aid of many eminent medical gentlemen, and his correspondence has been very extensive. It has been a darling subject with him for a long time, and when published, the work will have cost him a considerable sum of money, aside from his literary labor. Dr. Williams is well qualified for the preparation of such a work, and we are looking for its forthcoming with high expectations.

Enchiridion Medicum.—One of the most celebrated of the medical men who have died in Europe within the last few years, was Christopher William Hufeland, of Prussia. From small beginnings, he rose to great distinction in his own and other countries. He was a busy man, who allowed no opportunity to pass without profit either to himself or others.

From habits of industry, early acquired, Dr. Hufeland gathered in a mighty harvest of knowledge. He in fact became the oracle of the day, and maintained the eminence awarded him by the public voice, till the day of his death. Who has not heard of Hufeland's Journal of Practical Medicine? It was a periodical of unsurpassed popularity, in which every man of integrity in the profession was freely permitted to write whatever he chose in regard to things appertaining to medicine. No clique of ambitious dictators arranged their forces for selfish purposes in the conduct of his Journal. With a liberality worthy of all praise, all who had facts to communicate or useful suggestions to make, were permitted to be heard through the pages of Dr. Hufeland's excellent Journal.

In the series of Dr. Hufeland's writings, the *Enchiridion Medicum, or the Practice of Medicine*, was the last. It was the result of fifty years of experience. From the sixth German edition, translated by Casper Bruchhausen, a second American edition was prepared by Robert Nelson, M.D., and has been recently published simultaneously at New York and London, by Wm. Rudde. The better we are acquainted with the real merits of the Enchiridion, the more solicitous we are to have others participate with us in the advantages accruing from the study of a good but partially neglected medical volume.

First, the *relations of the physician* are considered; then, *nature and art*; next, *diagnosis*, *conditions of disease*, *therapeutics*, *practice*, *acute fevers*, *intermittent and chronic fevers*, *inflammations and sanguineous congestions*, *&c.* *Gastroses*, nervous diseases, &c. &c., follow in orderly succession, till every disease has been thoroughly examined in detail. To the profession it may be said, without fear of contradiction, that this system of practice by Hufeland, although possibly a little behind the age in some respects, will not suffer by comparison with any treatise upon the same subject, in any language.

Rokitansky's Pathological Anatomy.—By permission of the author' Carl Rokitansky, M.D., professor of Anatomy in the University of Vienna, Dr. John C. Peters, of New York, has made a translation of a part of his treatise on Pathological Anatomy. Part I., in its English dress, embraces the *abnormal condition of the organs of respiration*, with additions on diagnosis from Schoenlein, Skoda and others. Although eminently distinguished in Germany, Dr. Rokitansky is not so well known in the United States. His views and opinions are expressed in the fewest words possible, in his own language, which the translator has faithfully endeavored to put into English in the same economical manner. This gives a kind of stiffness to some sentences, of which he is himself fully sensible; but the object being a correct rendering of one language into another, Dr. Peters has faithfully accomplished the object.

We hope Dr. Peters will find it for his interest to favor the medical community with the second part at once. Wm. Rudde, of New York, is the publisher. His chance of being remunerated for embarking in the enterprise, will certainly be enhanced by printing the whole. If half is better than nothing, then the whole is better than half.

Trial of Rogers for Murder.—Messrs. Geo. T. Bigelow and Geo. Bemis, Esqs., counsel for Abner Rogers, Jr., who was tried in Boston, in

January last, for the murder of Charles Lincoln, Jr., Warden of the Massachusetts State Prison, have prepared a voluminous report of the trial, which has been issued from the publishing house of Messrs. Little & Brown. We have just completed a perusal of it, and recommend to our professional brethren to study the medical testimony which it contains. Rogers was believed by the jury to have been insane when he committed the atrocious deed, and was ultimately sent to the Insane Hospital at Worcester, where he died in consequence of jumping through a window. This last act has confirmed the opinion in the minds of many that he had labored under a peculiar monomania. It is our intention, whenever other avocations will permit, to analyze some of the leading points of evidence in this exciting case.

From the time of the murder to the period when he was removed to Worcester, Rogers was confined in the Leveret-street Jail. A vivid recollection of his usual appearance, the character of his conversation, and the apparent current of thought, during that imprisonment, is still retained by us, though it may be of little or no service in a subsequent inquiry.

Memorial of the late Dr. J. C. Prescott.—An appropriate sermon was preached at the funeral of the late Dr. Prescott, of Concord, N. H., by the Rev. Jonathan Curtis, and an abstract of the discourse has been sent to the friends of the deceased. The reverend speaker has given the portrait of a good physician, in a manner to make any one desirous of having that reputation. Luke, *the beloved physician*, in all the relations of life, fully sustained the character which has been given of him by his cotemporaries. He was a discreet, firm and steadfast friend, says the preacher. This appears from his accompanying the apostle Paul in several journeys through Asia Minor and Greece. He likewise attended him when he carried collections to the poor saints in Judea. He remained there during the apostle's imprisonment, two years. He is thought to have been present at the trials before Festus and Felix, and to have taken down the eloquent speeches made by Paul in his notable defence. When Paul was sent a prisoner to Italy, Luke, the physician, accompanied him as a friend, and remained with him at Rome till his final release. His untiring constancy and devotion to the interests of his friends, truly entitled him to the appellation of the *good physician*. From the narrative found in the New Testament, Mr. Curtis exhibits the kind of man a good physician should be, to sustain himself and to confer the greatest amount of happiness on his suffering fellow mortals.

Fretfulness after African Fevers.—A singular kind of discovery is thought by some to have been made in relation to a change produced by the climate of Liberia, on the tempers of white men. In the late celebrated Dr. Nathan Smith's treatise on typhus, a hint of this kind is expressed—that all convalescents from fever are singularly irritable—perhaps for a long while after perfect restoration to health. It is proverbial that most of the white residents, both from England and America, who have passed through the seasoning fever of that country, were ever afterwards remarkably irritable, impatient, and provokingly obstinate in carrying out measures that gratified no one but themselves. Out of this fact has the question been raised—is the brain left in any peculiar state after recovering from the fevers of Liberia? How much of this alteration from placidity to a mental hurricane, from sweet to sour, from habitual good nature to a perpetual scowl, may depend upon the imagination of an active theorist, we shall not attempt to define. From all that can be gathered, thus far, the presumption is, that white men are singularly wrought upon, both in body and mind, by a protracted residence in Africa. That Continent seems to have been expressly designed for the home of the colored man. He resists its malaria, the vertical rays of its torrid sun, and the pestilence that has swept off, with resistless power, the people of all other countries who have attempted to establish themselves permanently on any part of the Negro's father-land.

Enormous Osteo-sarcomatous Tumor.—Dr. Lewis has at his office, in Boylston street, an enormously large tumor of the osteo-sarcomatous kind, which weighs nearly twenty-five pounds—being so large in size that it can but just be forced into a common-sized water-pail. It was taken from the body of a young man somewhere about 20 years of age, after death, who died in the neighboring town of Milton, last week. It involved the whole of the ileum and half the sacrum of the left side. This prodigious mass was the growth of not far from eighteen months. No cause can be assigned for the origin of such a formidable tumor—for which neither the art of surgery nor the resources of medicine could afford any permanent relief.

How are Fevers Treated?—A gentleman made the inquiry, a little time since—How are fevers treated in Boston? Any gentleman who is willing to answer the question by preparing one or more communications for the Journal, will confer a favor. Typhus and scarlatina had the highest place in the inquirer's mind, and are of most frequent occurrence in many parts of the country, and it would therefore oblige him and many others, to be instructed in the usual treatment of these two diseases among us.

Rensselaer Medical Society.—On the 13th of September, the Medical Society of Rensselaer Co., N. Y., Dr. Watkyns, President, was in session at Troy. The members are desirous of a modification of the State laws, authorizing the formation of Medical Societies, the examination of candidates for membership, &c. They have the hearty good wishes of the profession everywhere, for their efforts to sustain that high medical reputation for which the whole empire State has been eminently distinguished.

Dr. McDowell on Consumption.—A review of the treatise by Dr. Wm. A. McDowell, of Louisville, Ky., having appeared in the Medical Journal of that city, a reply was prepared in answer to it, and intended for the pages of the same periodical. It was not received, however, for some reason, by the editors. This denial roused the Kentucky blood of Dr. McDowell, who has addressed the medical public through the newspaper press, with considerable spirit. He imputes the refusal to admit his communication, to Dr. Yandell—and says to the conductors of the Journal, that he has reason to complain of injustice at their hands, in charging him with claiming "originality" in regarding consumption curable in all its stages.

"I have advanced," he says, "no such claim. On the contrary, I have faithfully and even greedily quoted, in support of my position of curability, all the authority I had access to, comprising every one of note who had then written upon the subject—Stokes not excepted."

Injury to the Spinal Cord in a Case of Suicide.—An instance is related in the London Lancet, by Mr. Morgan, of the Middlesex Hospital, in which death, in a case of suicide by hanging, was caused neither by dyspnœa nor cerebral congestion, but by injury to the spinal marrow in the cervical vertebræ. This was occasioned by the knot, in the old silk handkerchief made use of for a cord, being placed on the middle of the under side of the chin. With the cord in this situation, pressure upon the air passages or the cervical vessels could hardly have been exerted. There was a very deep cord-mark at the posterior part of the neck, but on the anterior part there was no mark, excepting that of the knot just under the chin. On a *post-mortem* examination, the lungs were found of ordinary size and color, without unusual engorgement, and the ventricles of the heart with rather less blood than usual. In the five first cervical vertebræ ecchymosis was found in the sheath of the spinal marrow. On the left side, exterior to the sheath, an extensive effusion of coagulated blood was found. The woman who thus destroyed herself had suffered for more than twelve months from a cancerous affection of the uterus, which had caused intense and almost constant pain, and she was debilitated to such a degree that she made no movement without assistance. And yet, in the short absence of friends, she managed to hang herself from the bed-rail, which was about five feet eight inches from the floor.

Diagnosis of Gastralgia from Cancer of the Stomach.—"In gastralgia the appetite is natural, impaired, or increased, perverted, depraved, capricious, fantastic, irregular; liquids are digested with greater difficulty than solids: whereas, the reverse is the case in cancer; the digestive process is sometimes easy, and is always affected in the end, in spite of the discomfort and suffering which it frequently produces; the breath is free from bad smell, eructation of air, free from disagreeable taste, occurs frequently; pain at the epigastrium, often of greater severity than cancerous disease, occurring in regular paroxysms, shooting to the shoulders and the walls of the chest, and diminishing instead of increasing under pressure, and on the ingestion of food; besides this, there are curious indescribable sensations felt at the epigastrium, and singular pulsations. In gastralgia the color of the patient's skin undergoes no unhealthy change, and his strength and flesh do not [generally] give way. Gastralgia is frequently accompanied by hypochondriasis, cancer is not. Gastralgia affects distant organs by sympathy only. In cancer, other organs become affected by similar disease."—*British and Foreign Review.*

Medical Miscellany.—Dr. William Johnson lately came home Surgeon of the frigate United States, from the Pacific—Dr. Wm. A. Nelson, Assistant Surgeon.—Dr. J. W. White, of Connecticut, has been appointed consul at Liverpool. The income of the office is said to be worth 17,000 dollars a year.—There are 224 students attending lectures at the Medical College in Charleston, South Carolina.—Dr. Copeland suggested to the Medical Society of London, that an increase of fever in the metropolis, is to be imputed to wooden pavements. Out of a population of 2,500, at Galveston, in Texas, 200 died in four weeks, of yellow fever. It was undoubtedly introduced there from Vera Cruz.—A young girl at Newport, R. I., who has long been subject to spasms, had ten pins and needles taken out from one of her heels, within a few days.—On the 16th there were four deaths by yellow fever in the New Orleans Charity Hospital.—A wood-sawyer, in the city of Boston, has lost four wives in five years by beastly drunkenness, and they were all buried at the public expense. He is now living with a fifth wife, but whether in expectation of soon being a matrimonial candidate, has not been determined—Dr. Locock, first physician accoucheur to the queen, has a fee of a £1000 on the birth of a royal infant. Dr. Ferguson receives £500, and Sir James Clark the same.—The mean term of life diminishes northward in Great Britain. The highest in south-western counties is in the following order :—Sussex, 55 ; Hants 53 ; Devon 56. The county of Lancaster has a mean of 36, the lowest county ; in which Liverpool rates at 26. Human life in Devon is on the average twenty years longer than in Lancaster, and thirty longer than in Liverpool.

To **Correspondents**.—Dr. Jenning's case of Cyanosis is received, and will be inserted next week.

Married,—At Goshen, N. Y., J. Pattison, M.D., to Miss M. C. Hoffman.

Died,—At Philadelphia, Dr. Joseph F. Eustis.

Number of deaths in Boston for the week ending Oct. 5, 45.—Males, 19; Females, 26. Stillborn, 3. Of consumption, 3—old age, 3—scarlet fever, 5—disease of the heart, 1—dropsy in the brain, 4—cholera infantum, 2—convulsions, 1—infantile, 4—suffocation, 1—dropsy, 1—synovitis, 1—palsy, 1—canker in the bowels, 1—typhus fever, 4—marasmus, 1—teething, 3—hooping cough, 2—child-bed, 2—croup, 1—inflammation of the bowels, 1—inflammation of the lungs, 1—rupture of bloodvessel, 1—tic douloureux, 1.

Under 5 years, 26—between 5 and 20 years, 2—between 20 and 60 years, 12—over 60 years, 5.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Sept.	Therm.		Barometer.		Wind.	Sept.	Therm.		Barometer.		Wind
1	from 62	to 70	from 29.57	to 29.59	S E	16	from 57	to 86	from 29.48	to 29.50	N W
2	64	72	29.42	29.58	S E	17	64	75	29.50	29.55	N W
3	67	72	29.20	29.29	N W	18	50	82	29.27	29.49	N W
4	54	76	29.38	29.50	N W	19	54	81	29.40	29.49	N W
5	49	75	29.67	29.70	N	20	59	87	29.50	29.52	S W
6	44	78	29.82	29.85	S E	21	63	81	29.38	29.48	S E
7	51	81	29.66	29.74	S W	22	56	68	29.41	29.44	N W
8	55	82	29.53	29.59	W	23	42	70	29.57	29.60	N W
9	55	81	29.46	29.54	W	24	38	73	29.62	29.62	S W
10	59	89	29.48	29.53	N W	25	55	60	29.58	29.61	S W
11	60	78	29.52	29.54	S W	26	47	61	29.58	29.62	N E
12	63	75	29.52	29.53	N E	27	38	54	29.68	29.68	N E
13	60	68	29.50	29.51	N E	28	30	54	29.45	29.65	W
14	55	76	29.50	29.50	W	29	42	48	28.54	29.00	N E
15	63	83	29.44	29.49	N W	30	43	63	29.10	29.39	S W

This month has been pleasant till quite the last—warm and dry ; only about 6-10th of an inch of rain having fallen the first twenty-five days. The first frost was on the 23d. The season has been fine for ripening the fruits of the earth. Within the last five days, 3.7 inches rain has fallen ; still the springs are low. Range of Thermometer, from 30 to 89. Barometer, from 28.54, to 29.85. Inches of rain fallen, 3.79. On twenty-two successive days, no rain fell.

Amputation of the entire Scapulum.—M. Rigaud, Professor of Clinical Surgery at the Faculty of Strasburgh, forwarded to the Academy the model of a scapulum which he had taken away, along with a portion of the clavicle, from a man 51 years of age. The patient, a grenadier of the Imperial Guard, bore, in 1841, a tumor of the superior portion of the left arm, which necessitated amputation at the shoulder-joint, an operation which M. Rigaud performed. The wound resulting from the operation healed, and the patient was well during eight months. At that epoch an osseous tumor formed in the axillar region, evidently proceeding from the anterior angle of the scapulum. M. Rigaud thought it necessary to take off the entire scapulum along with the external extremity of the clavicula. This laborious operation was performed successfully in 1842; the patient recovered in the course of two months, and has ever since enjoyed good health.—*London Lancet.*

Death from the Bite of a Rattlesnake.—Dr. Stadia, of Saratoga, N. Y., died lately from the bite of a rattlesnake. From some strange infatuation, the doctor had been in the habit of amusing himself with about fifty snakes of several kinds in a small room in his house, twenty-five of whom were rattlesnakes deprived of their fangs. He had great confidence in certain preventives against their virus, and it is said had inoculated himself and his family with the latter. On the 12th inst., the doctor accompanied several persons to the snake room, and, as usual, commenced handling and petting them. In attempting to take hold of a large one, it bit him on the right hand, between the little and adjoining finger. Almost as quick as thought, the hand commenced swelling, and before the preventive could be applied, the place of the bite had swollen to the size of a butter-nut, and so closed the wound, that the medicine, if there is any virtue in it, could not take effect.

Within one hour after he was bitten he was so overcome by its effects that he could not sit up; went to his bed, was bled as often as once an hour during the succeeding night, lingered through the next day until about seven o'clock in the evening, when he died, a victim to his own folly.

The Effects of Antimony on Infants.—Mr. Wilton, in the Provincial Medical Journal, gives the details of several cases, in which antimony, exhibited internally to children, caused excessive depression and exhaustion, and in two cases a fatal termination. The principal *post-mortem* appearance was an exceedingly ex-sanguineous condition of every part of the body. Mr. Wilton observes that antimony is a dangerous remedy for children, and always requires caution and observation in its use. To the truth of this remark we can add our testimony.—*London Med. Times.*

Pathology of Neuralgia.—Dr. Skae claims for himself the discovery, that neuralgia is dependent on congestion taking place in a nerve, in a part where, from the rigidity of the neighboring structures, as, for instance, in osseous canals, a ready diffusion of the pressure cannot take place.—*Ibid.*

THE

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DR. C. J. B. WILLIAMS'S LECTURE ON HÆMORRHAGIC AFFECTIONS.

We have next to consider the *hæmorrhagic affections* of the intestinal canal. We have enumerated all the more marked (intense) and distinct forms of inflammation, excepting that characteristic species, which we shall have to consider under the head of dyspepsia. The one of these classes of disease, that we meet with in practice, is so much like another, that it would take too long to go fully into them: there is, however, considerable room for arrangement and classification, and I shall, on some future occasion, take some pains to put them upon a different plan, in order to make their peculiarities more easy of appreciation.

The hæmorrhages of the intestinal canal may be referred to the same causes, as the other hæmorrhagic affections of which I spoke, under the head of general pathology. They may proceed from congestion going on to a great amount, or from determination of blood. Hæmorrhage is, sometimes, a symptom in the early stages of gastritis and also of enteritis, and in some degree in dysentery. Also, independently of the causes of congestion, there is sometimes a dissolved state of the blood, a deficiency of fibrine; and, hence, hæmorrhage takes place in the intestines, and vomiting of blood occurs, in connection with low fever or with a cachectic state, from the deficiency of fibrine. And, lastly, it may occur in connection with organic and structural disease of the stomach and intestines, which is, perhaps, the most common cause or source of hæmorrhage. Ulcer of the stomach, I consider to be an hæmorrhagic disease. In connection with all these affections, which are very apt to promote the occurrence of hæmorrhages of the intestinal canal, circumstances causing inflammation and obstruction of the circulation through the liver, either from functional or structural causes, and preventing the return of blood from the intestines, are very liable to cause congestion in the intestinal tube, and thus become predisposing and exciting causes of hæmorrhage.

Hæmorrhages of the intestinal canal are classed according to the situation in which they take place. Those commencing in the stomach, and leading to vomiting of blood, are known by the term hæmatemesis; and when they proceed from the other end of the canal, towards the lower part, leading to the discharge of blood by stool, they constitute hæmorrhoidal flux. When the blood is effused higher up in the canal, it sustains, in passing through the intestine, various changes in its aspect.

There is, here, evacuation of blood by stool, but it is in an altered condition; it loses its red, florid color, and becomes of a dark, pitchy appearance. Hæmatemesis, or vomiting of blood, is often preceded by a feeling of weight, or uneasiness at the pit of the stomach, sometimes accompanied by palpitation, or a feeling of pulsation at the epigastrium; as though the arteries pulsated with increased force. Then, there is a sensation of nausea, and fulness, previous to the blood being vomited. The blood thrown up is usually of a dark color, but it is not always so. It is not, generally, florid, and this is one of the characters by which it is distinguished from hæmorrhage from the lungs. It is, too, mixed with mucus of a sliny character; this is from the stomach, and it is unlike the mucus from the intestines; it is usually of a more ropy character, and does not contain any air. It is not preceded by cough, but by a feeling of nausea: this is another mode of distinction. It is, really, sometimes very difficult to judge from the patient's own account, for he will often tell you that blood is vomited—that there is the heaving of vomiting—when the blood is brought up from the lungs. Patients, in speaking of blood brought up from the stomach, will never tell you that it is coughed up. It is sometimes difficult to distinguish between hæmatemesis and hæmoptysis, as to the actual mode in which the blood is brought up, and the presence or absence of cough will not always guide us sufficiently: we must, in these cases, determine the fact by examination of the chest, and the total absence of pulmonary symptoms may assist us in forming the diagnosis. Another circumstance to be taken into account is, that when blood is vomited in considerable quantity, there usually is some also passed by stool, but in an altered state. Where this is the case, it is a strong argument in favor of its having been hæmatemesis, and not hæmoptysis. The immediate effect of the loss of blood may be to cause great faintness, giddiness, and even syncope. In some instances, hæmorrhage from the stomach has proved fatal. Dr. Watson mentions a case, in which it proved so, without any blood being thrown up at all: the patient died of a fainting fit. Sometimes the vomiting of blood may occur again and again, and the patient may be quite blanched by the repetition of it. It is, generally, less dangerous when occurring in women than in men. It is not at all uncommon to find a quantity of blood vomited when the menstruation is irregular. This is far from being a fatal symptom. I have known patients to bring up almost a wash-hand basin full of blood, at that period, without the system suffering any other effect than a feeling of faintness, at the time. In males, it is generally indicative of an obstructed state of the function of the liver, and is usually connected with some other symptoms or signs of derangement of that viscus. The loss of blood may cause extreme faintness, followed by a re-action; the pulse, too, becomes extremely irregular, and various symptoms of anæmia occur. On *post-mortem* examination, the appearances of the stomach are very uncertain; sometimes it is found to be congested, but where the vomiting of blood has been considerable, the congestion of the stomach is found to be more or less relieved by the loss of blood. But, in some instances, there are found various organic lesions and traces of mischief having occurred, such as ulceration or perforation of the coats of an artery, which always leads to fatal hæmorrhage. Where the hæmorrhage has been long continued, there are black patches in some parts of the stomach, and ecchymoses of its coats. Enlargement of the mucous follicles is seen in these states, and in some of the inflammatory diseases I have before mentioned. But, where the disease has been very serious, and has proved fatal, there is almost always found some organic disease of the stomach, the chronic ulcers I before mentioned, or else some malignant disease, as scirrhus. The liver, in such cases, is also found affected with disease. The exciting causes of hæmorrhage from the stomach appear to be bad living, and imperfect action of the bowels, besides the causes already enumerated. Hæmatemesis occurs, also, in gouty persons, and where there is great constipation or imperfect action of the liver.

The *treatment of hæmatemesis* is to be modified according to the amount of hæmorrhage, and the state of the constitution. Where it occurs in plethoric persons, or is accompanied by fever, it is not desirable at first to check the hæmorrhage, but rather we must reduce the fulness of the blood and the inflammatory tendency. We may do this by depletion: venesection or leeches applied to the epigastrium, or to the anus, may be necessary. But, in all cases of hæmorrhage from the intestinal canal, is is highly desirable to increase the natural secretions of the abdominal viscera; and, as I have mentioned that obstructed action of the liver is almost always connected with the disease, medicines which act on the liver are most commonly eligible—calomel and blue pill, with saline aperients, in the first instance, and followed the next morning by sulphuric acid, and sulphate of magnesia, in sufficient doses to pass readily through the intestines. Very frequently, these means, alone, without astringents, will tend to retard hæmorrhage from the stomach. When the hæmorrhage is more considerable, and the patient appears to be much weakened by it, we must adopt immediate measures to arrest it; and this may be done pretty surely—if no organic disease is connected with it—by sugar of lead combined with opium; and, likewise, oil of turpentine, in small doses, seems to act very effectually here: from 15 to 30 minims for a dose, repeated four or five times a day. In persons, already considerably blanched, and in whom the hæmorrhage appears to be quite of a passive character, unaccompanied by any increased action, the muriated tincture of iron is useful. In the scorbutic forms of the disease, tonics and astringents are commonly employed; oil of turpentine and creosote, with other measures to support the strength of the patient. Even here it is necessary to see that the secretions are free, and to promote this, muriatic acid is sometimes useful. Melæna is merely a modification of this affection, and the treatment is the same. There may be a discharge with the fæces of blood, or matter of pitchy blackness; and sometimes there is, accompanying it, pain in the iliac and hypochondriac regions, and great agitation and pulsation. It is necessary to purge freely; castor oil and a few drops of turpentine are very useful, and acid mixtures, in most cases, are serviceable in promoting the natural secretion, and tending to arrest the bloody flux. Hæmorrhage from the lower intestines, is an hæmorrhoidal flux, and in some of these cases the blood passes of a bright red color; sometimes, there is a dark-colored liquid, and sometimes one of a florid color. This disease is to be treated surgically, when seated at the verge of the anus. Sometimes, it is located higher up, but, generally speaking, it is a congestive disease, owing to the imperfect action of the liver: the veins become obstructed and gorged from the blood accumulated in them; sometimes, the blood coagulates and forms hæmorrhoidal tumors, which may burst and give rise to ulcers: this is chiefly caused by the passing of the fæces; sometimes, these attacks come on quite regularly. In many instances, where the liver is diseased, structural disease of the intestine occurs, and the blood does not pass with freedom through it, and congestion takes place. I saw, a few days ago, the body of a man opened who had died of an attack of bronchitis; he was a very hard drinker, and was in the habit of taking spirits to a great extent; the liver was very hard, and exhibited few traces of vascularity in it. I was confident the liver must have obstructed the circulation of the blood, and that he must have been in the habit of losing blood by stool: and it appeared, upon inquiry, that he had lost a considerable amount daily for many years past, until at last a bronchitic attack supervened, and proved fatal; this shows how a hæmorrhoidal flux proves a means of relief, even in the midst of serious organic disease. Congestion, in plethoric individuals, may go on for a considerable time, and then a hæmorrhoidal flux may come to the patient's relief, until apoplexy or some such serious disease results. A full state of the blood-vessels, in the intestines, arises from obstructed action of the liver, and a constipated state of the bowels. It often happens that the serious evils of constipation are relieved by the occurrence, from time to time, of hæmorrhoidal flux, which, perhaps, may be considered as a natural loss of blood, that is to say, a means by which nature gets rid of the consequences of these irregularities—a sort of safety-valve to the system. This is the common rule; but, in some cases, the fluxes are so great as to weaken the system very considerably. Where the flux has continued for some time, and has then subsided, it is surprising what a degree of diseased action may result. This matter has been forced upon me by repeated observation, and you often see, in connection with the suppression of hæmorrhoidal flux, that patients become a prey to hypochondriasis, and a great amount of distress and suffering, both mental and bodily, the relief from which is dated from the time the discharge again recurs. The flux is liable to be stopped naturally, and great evils are apt to occur; if this state continues, it may do serious mischief, and lead to a great amount of functional derangement. The treatment consists in preventing the occurrence of the hæmorrhage, and should be that which is calculated to promote the natural action of the intestinal canal, and particularly the action of the liver. Hence, you find that these troublesome affections are often relieved and prevented by a few doses of some mercurial, followed by cooling saline medicines. They require local treatment also. It is highly desirable to avoid purgatives that irritate the lower part of the canal. Scammony, colocynth, and even senna, and, in some cases, calomel, are to be avoided. The aperients should consist of mild mercurials, castor oil, sulphur and sulphate of potash, salines, sulphate of magnesia with nitric acid, and tartarized soda, &c. Stomachics are not often necessary. In some few instances, injections of acetate of lead (about six grains to four or five ounces of starch) with a little laudanum, and a small quantity of turpentine, are desirable.—*London Med. Times.*

CASE OF LABOR, COMPLICATED WITH RECTO-VAGINAL HERNIA.

By Professor C. D. Meigs.

Mrs. R., aged about 30 years, the mother of four children, all of which were born by easy natural labors, and one of them in a labor of two hours, was seized with the parturient pains at half past 11 o'clock last night. She was at full term, and in good health, save that she had complained much of an unusual pain in the right side of the abdomen, and particularly in the right iliac region.

Her physician, Dr. Bicknell, was called to the charge of the case:—Dr. B. discovered a tumor occupying the cavity of the pelvis, which impeded the progress of the labor. The woman's pains were frequent, and violent, and attended with the most excessive tenesmic effort at bearing down. Dr. B. invited me to see the patient, and I arrived at 2 o'clock, P. M., at her house in West Philadelphia.

The external parts were in a relaxed state. The index finger used in touching was pressed towards the symphysis pubis, by the tumor which seemed nearly to fill up the pelvic cavity and effectually to debar the head even from engaging in the superior strait, though the labor had continued already 14½ hours, in the case of a woman who in all other labors was occupied but two hours with the whole process.

I could just conveniently touch the presenting part of the head, which was in the 4th position of the vertex presentation. The os uteri fully dilated.

The tumor was compressible. I touched by the rectum, and so discovered that the tumor was in the peritoneal *cul-de-sac* betwixt the rectum and vagina, but distending that *cul-de-sac* enormously. The diagnosis could be nothing else, considering the softness of the swelling, than a vaginal enterocele, which I immediately proceeded to reduce.

The woman was placed on her left side. The knees drawn up. I introduced the fingers of the right hand into the passage and pressed the ends of them against the lower part of the tumor. By keeping up the pressure a short time, during which I repeatedly exhorted the woman to be passive, and not to bear down at all, I could cause the whole mass of the swelling to rise up towards the back part of the superior strait. As the mass ascended, it grew smaller, until on a sudden, the whole tumor slipped beyond the reach of the hand, and was lost. I announced this good fortune to the patient, and exhorted her not to bear down at all with the approaching pain, lest the gut should again prolapse. The pain that ensued brought the head nearly through the superior strait and partially rotated the vertex. The second pain rotated the head and propelled it on the perineum; the third brought the vertex considerably beyond the pubic arch, and the fourth expelled a very large and healthy child; after which the placenta came off in a few minutes.

I look upon this as a very interesting case: not merely on account of the rareness of vaginal enterocele in the pregnant female, but as exhibiting the power of such a tumor to suspend and impede the progress of a labor in all other regards natural and healthy.

I presume, as so many hours had already elapsed in vain and exhausting efforts by a strong woman, that there was reason to fear a dangerous strangulation or contusion of the displaced bowel; and that it was fortunate for the patient that the intestine could be returned above the plane of the strait. The rapidity with which the head passed through the whole pelvis and the soft parts, as soon as the obstruction was removed, showed conclusively that the vaginal enterocele was the cause of her distress. As I have never met with such a case before, I thought the publication of it might prove useful to some of the younger of your readers, should one of them happen to meet hereafter with a similar instance of difficulty.—*Philad. Med. Examiner.*

LONG-CONTINUED INSANITY, WITH SPEECHLESSNESS, &c.

We are enabled to present the following case of insanity with the minuteness and particularity that renders it both interesting and instructive.

——— ——— B. was admitted to the New York State Lunatic Asylum January 21, 1843, aged 31; and the following particulars of his life previous to his admission to the Asylum, were furnished us at the time by his very intelligent sister.

He possessed an amiable, retiring disposition, and from early childhood was passionately fond of books. In his earlier years he was not so much distinguished for the rapidity with which he committed to memory, as for his inquisitiveness, and desire to thoroughly master every study to which he turned his attention. His love of study increased until the age of 15, when he commenced preparing to enter College. Although he taught school two winters in the mean time, yet he so closely applied himself to his studies, that at the age of 18 he entered the Senior Class in ——— College, and graduated at the age of 19. Close application to study had so impaired his health, that he was advised by his friends to take a voyage at sea, which he did. He returned in about four months, considerably improved. For the purpose of confirming his health, the next year was spent at home laboring on the farm. But during this year he continued to study. In 1832, he was called to part with an affectionate mother, which deeply affected him; and in a few weeks after this event he left for the West, and spent several months in Kentucky teaching school. While here he was much opposed because he prayed in his school, and finally left it rather than violate his conscience. After the lapse of a year, he returned to his friends in feeble health, where he spent several weeks. He next went to Saratoga county, N. Y., and engaged in teaching. While here his health declined so much that he fainted several times in his school. Being compelled to abandon his school, he went to Washington, D. C., and spent some time, and then engaged in lecturing on Languages in the Western States. He met with good success, and his lectures were highly spoken of by the learned; but ill health finally compelled him to give up this also. He then went into Indiana and purchased a farm, where he spent one year in manual labor endeavoring to regain his health. His health became considerably improved, and he sold his farm and resumed his former business of lecturing. A broken-down constitution again compelled him to desist; he spent some time in travelling, and in the fall of 1836 he went to Illinois, where he passed the winter. But during all the time he continued to study with great ardor, particularly languages, and acquired a good knowledge of Hebrew, Greek, and Latin, and also French, German and Italian. He also devoted much time to writing a Treatise on Mental Philosophy, which he intended to publish.

During the winter of 1836–7, his mind was considerably excited on religious subjects, and in letters to his friends lamented very much that he had passed so much of his time in an unprofitable manner, and had neglected to join the church and prepare himself for a missionary. In a letter dated March, 1837, he alludes several times to the *disturbed state of his mind*, and observes, "For some time past I have been much of the time in almost entire despair."

Soon after this, his system, which for years had been overtasked, and had been struggling against disease, could endure no longer; ***Reason*** was dethroned, and the affectionate son and brother was transformed into a raging maniac, looking upon every act of kindness from his friends as a plot to destroy him. An elder brother now attempted to take him to his place of residence, and succeeded in getting him to Michigan, where he effected his escape. Search was made for him in vain. In July, of the year 1837, he came home to his father's in a most wretched and suffering condition, presenting a spectacle most heart-rending to his friends.

The succeeding November he was taken to the McLean Asylum in Massachusetts, from which he made his escape in about seven weeks. He was pursued and taken in New Hampshire. On his return to the Asylum his liberties were somewhat abridged, and he promised, if he could be allowed his former privileges, he would not try to effect his escape. He remained contentedly until August, when he told one of the officers of the institution, "I will not be bound by my promise any longer." The officer replied, "Then you say you will try to effect your escape, do you?" "No," was his reply, "I do not say any such thing. I say I will not be bound by my promise any longer." At this time it was supposed he was restored, and his friends were so apprised. But before arrangements were made to take him out, he made his escape, of which he immediately apprised his family by letter from New York, in which he graphically and minutely described the ingenious method he adopted to get away unnoticed from the Asylum. In three or four months he arrived at home. On all subjects excepting in reference to his confinement he seemed rational, but respecting this he was very indignant. He threatened prosecution for false imprisonment, and commenced reading Blackstone's Commentaries on Law, for the purpose of qualifying himself to defend his own suit, in case of prosecution. Efforts were made to keep him from his books, but without success. Mental application made him worse, and he commenced delivering public lectures against the Lunatic Asylums. In the spring of 1839 he left home, and was gone six months. On his return he was asked where he had been, and the only reply he gave was, "Two weeks ago I was drawn into Boston as King and Emperor of Canada, by twenty span of horses." He remained at home a year. He then went into the woods and manifested a disposition to remain there. In the fall of 1840 he became so violent that his family were compelled to confine him. On the 23d of December, 1840, he made his escape from the family by taking out the window-casing, and then the window, and nothing could be heard from him for fourteen months. In February, 1841, his family received a letter from him in Indiana, addressed to his father, asking for $400 for the purpose of purchasing a tract of land of which he said he had possession. The letter exhibited much derangement of mind, and his brothers went after him; but although they travelled through several States, they could not find him. They often heard of him, and learned that as soon as people undertook to provide for him suitable food and raiment, he would leave the neighborhood, and would never accept of any presents, either food or clothing, unless he could pay for them. In November a letter was received from a man in Indiana, giving information that he had returned to that place, and was almost in a state of nudity. Two men were immediately sent after him, but before they arrived there he had effected his escape. They followed him nearly through the State, and finally gave up the pursuit as a hopeless task.

On the 2d of January, 1843, he made his appearance in Birmingham, Erie County, Ohio, where his brother-in-law and sister were residing. His feet were badly frozen, and his clothes were poor and dirty. He seemed to know his sister, but would not speak to her. Arrangements were soon made to remove him, and he was brought home to his family, but he spoke not a word to any person, nor manifested any emotion on seeing his home and kindred. He eat and slept well on the journey.

On admission to the Asylum, soon after his return, he weighed 130 pounds, was 5 feet 9 inches high, pulse 100 in a minute, though he struggled some to avoid our counting it, which probably increased its frequency. His head is of good shape, measuring in its greatest circumference 22 inches, and from the root of the nose to the middle of the back of the neck 14 inches; and from the opening of one ear across the head to the other, 14½ inches.

His countenance had a look of intelligence, and his manner was active and decided. He spoke not a word, nor did he notice anything, as he kept his eyes constantly closed when any person was near; and this practice he always continued, though when he was alone in his room, and when he supposed no one saw him, he has been seen to open his eyes and look around. He also chose to stand constantly during the day, and never willingly sat down; he, however, would retire to bed at night, and always slept well. But his standing position was always a constrained one, sometimes on one foot or partially sitting down, or bent over, but always in a position to keep the muscles in a state of tension. By this practice he had fully developed the muscles of his body, which were large and remarkably firm. This was true even of the muscles of the face, and which gave to his countenance the appearance of resolution, firmness and intelligence, instead of the look of idiocy which is often seen in those who have been long insane.

Immediately after reception he was bathed, and as his bowels were costive, he took laxative medicine; and for incontinence of urine, tincture of lytta with some benefit, but not with entire relief. During the winter, spring and summer, he remained without much change, though he increased in flesh, and was somewhat more active than when he came. The shower bath was occasionally tried, and he had a seton in his neck; and various methods were adopted to change his condition and induce him to speak, but without any effect. During the summer he had apparently a rheumatic affection of his knees, which were much swollen for a few days; and in August he had an attack of diarrhœa, which so rapidly prostrated him in a short time, that we became alarmed, and so informed his friends. He, however, soon recovered, and continued without change during the following winter, spring and summer, until August, when he was again attacked by diarrhœa with great severity, and which terminated his existence in a few days. With the exception of a previous short attack of diarrhœa, and a slight rheumatic affection, his bodily health seemed perfect during the time he was at the Asylum, and he eat and slept well and regularly.

Notwithstanding we resorted to various methods to surprise him and induce him to speak, he was never known to utter a word from the time he was arrested in Ohio until his death, with one single exception, which was as follows. In the spring of 1844 an attendant undertook to lead him from one part of the hall to the other, when he exclaimed, "*Let me alone.*" How long he had been thus taciturn before he came to the Asylum, we do not know; but presume he said but very little after he left his home in 1840.

Autopsy.—On examination, no particular marks of disease were perceptible, except in the brain. This organ, including the cerebrum and the cerebellum, when detached from the dura mater, weighed 3 lbs. 3 oz. Avoirdupois; the cerebellum, with the annular protuberance, and the medulla oblongata, 6 oz. 1 dr. The skull and membranes appeared healthy, except the arachnoid membrane and pia mater, which were deeply injected with blood, and were thicker and firmer than natural. The brain itself on its anterior surface exhibited to the eye nothing unusual, but it was unnaturally hard, as if it had been parboiled or tanned.

On reversing the brain and looking at its base, it appeared to be healthy, but we were surprised at the unusual depth and size of the depressions made in its anterior lobes by the orbitar processes of the os frontis. These depressions were larger than usual, and twice as deep. The orbitar processes forming the roof of the eyes were consequently unusually convex. To prevent mistake in this respect, we compared them with a large number of preparations of the same parts.

On examining the depressions alluded to with great care, we found the convolutions of the brain at these points unusually small, and the cineritious portion very thin; and in fact all of the anterior convolutions of the brain appeared as if partly absorbed, and the skull over this part was thicker than usual, more so than other parts of the cranium that are usually the thickest. All other parts of the brain appeared healthy. The cerebellum was unusually large, and exhibited no marks of disease.

Remarks.—It will be noticed that the most distinct marks of disease or deficiency of the brain were in the part corresponding to that where Gall and his followers have located the organ of language. It will also be recollected that his greatest pursuit and pleasure in life was the study of the languages, in which he had made remarkable proficiency, and that after his derangement of mind he ceased to speak for several years. Did over-exertion of the organ occasion the disease? Or did the long disuse of language cause the absorption of the brain mentioned?

Satisfactory answers to these queries may perhaps be obtained by careful observation of cases resembling this, especially of cases in which the long-continued disuse of language was a striking characteristic.

CASE OF UNUNITED FRACTURE.

[Dr. Wm. M. Boling, of Montgomery, Alabama, relates the following case in a late No. of the Western Journal of Medicine and Surgery.]

On the 16th of November, 1841, I was called to see a very stout, robust, and muscular stage-driver, who, in driving the stage out of town at night, had upset it, suffering in consequence a fracture of one of his clavicles, and an oblique, slightly comminuted fracture of the left femur, below the middle. The limb was dressed with a roller bandage and paste-board splints, and placed in the modification of the double inclined plane, described by Dr. Nott, of Mobile, in the November No. for 1838, of the American Journal of Medical Sciences. At the end of seven weeks the limb was removed from the apparatus. The fractured part was surrounded by a large mass of provisional callus, and appeared firm. For several days he made some awkward attempts to walk with crutches, assisted by his companions; one of whom generally supported him on each side.

Dissatisfied with the slow progress he made in *re-learning* to walk, and attributing it in a great measure to want of confidence, his companions one day led him into the middle of the room, out of the reach of anything by which he might steady himself, and there left him to support himself with his crutches as best he could. He tottered for a few seconds and fell.

On examining the situation of the fracture, the ends of the bone were found quite movable, though the provisional callus appeared to have sustained no injury from the fall, the motion taking place, within the callus, between the ends of the bone, as in the capsular ligament of a joint. No grating or crepitus could be heard, as in a recent fracture, by rubbing the ends of the bone together.

The apparatus was re-applied. Upon examination at the end of five weeks, the parts were found in *statu quo.* During the whole treatment of the case he was very restless, and impatient of confinement, frequently moving and turning himself in bed; and when his companions refused to assist him, he would call in such persons as he could see passing his door, and beg of them to move him. He frequently unbuckled the straps which confined the limb to the apparatus.

By this time confinement and low diet had reduced him considerably. I put him upon a generous diet, and allowed him a moderate quantity of brandy and porter.

After rubbing the ends of the bone together, till considerable pain was produced by it, I again applied the apparatus. At the end of seven weeks more I examined and found the parts apparently still more movable. The provisional callus had diminished, and appeared to partake much more of the nature of fibro-cartilage than of bone. The poor fellow's patience and hopes seemed now completely exhausted; and, with tears in his eyes, he begged me to amputate the limb.

I now determined to try the effect of a starch bandage, if possible so arranged that he might walk about. With this intention I covered the limb from the toes up to the top of the thigh, with a simple roller applied with moderate tightness. Over this to the same extent I applied two folds of the bandage, well saturated with starch. Next I applied four splints of book-binder's paste-board—well softened—reaching from the knee to the upper part of the thigh; and over these again, five or six folds of the starched bandage.

The limb was now kept in an easy and straight position for some four or five days; at the end of which time the bandage had become perfectly dry, very firm, and fitted so accurately to the limb that it was impossible for the fractured parts to yield in any manner.

His companions now undertook the task again of teaching him to walk—and with such success this time, that, in a little more than a week, he was able to get about pretty well with the assistance of a cane only. In two or three weeks more he was in the stables attending to the stage horses. His gait was vigorous, and, with the exception of the stiffness of the knee—necessarily occasioned by the bandage, for the time—no palpable defect could be observed in his walk.

In four or five weeks from the time of its application, that part of the bandage covering the foot and ankle had become displaced, and the parts consequently swollen and chafed. On this account I removed the whole of the bandage and applied another in the same way. While the bandage was off I did not attempt to see whether the limb would bend or not. The last bandage remained on about six weeks. On its removal the fracture was found firmly united. During all this time he was going about working in the stables, and at no time, while doing so, did the fractured part cause him more than a very moderate degree of pain. The fractured limb was nearly half an inch shorter than the other; but the shortening had occurred before the application of the starched bandage.

CYANOSIS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It is so uncommon that we see the symptoms of cyanosis in adult life, resulting from morbid causes similar to those exemplified in the following case, that I cannot withhold it from the profession:—

W. ——— (Shaker), æt. 21, had never enjoyed good health from his birth—was universally anasarcous. The entire surface of his body was of a dark purple appearance, especially the face and the extremities of the fingers. This appearance was never entirely absent. After a little more exercise or mental emotion than usual, hurried respiration, cough, palpitation, and a sense of suffocation, would ensue, attended with a blackened or strangulated condition of the face. After having been more unwell than usual, he died suddenly on the 12th inst.

Post-mortem Examination, twenty hours after Death.—Blue discoloration of the whole exterior. On raising the sternum and cartilages of the ribs, the pericardium was brought into view, occupying the whole anterior part of the thorax, the lungs lying at the posterior part, being pressed upon by the pericardium and its contents. Pericardium of great size, increased in thickness, and containing two quarts and one gill of slightly yellowish serum. Right auricle hypertrophied; three times its usual thickness. The free edges of the tricuspid valve were covered with cartilaginous depositions, or cauliflower excrescences. These excrescences were so large as very much to diminish the natural size of the right auriculo-ventricular orifice. Right ventricle in a state of concentric hypertrophy. Its walls were one inch in thickness; at the thinnest part, half an inch. The right ventriculo-pulmonary orifice, or the orifice of the pulmonary artery, was contracted so as to admit with difficulty a crow's quill, or a small-sized goose quill. The pulmonary extremity of this opening (for it seemed to be drawn out to a point) was covered throughout its entire circumference with these cauliflower excrescences, small and spongy. The left auricle and left ventricle were of the usual thickness, although their cavities were of a smaller size than natural. The *foramen ovale* was open; its diameter half an inch. Ductus arteriosus obliterated. Umbilical vein and ductus venosus open.

It is agreed by all, I believe, that the symptoms of cyanosis depend on the circulation of imperfectly arterialized blood in the arteries, or on the mixture of arterial and venous blood. How this mixture is effected, has been a matter of dispute. If the *foramen ovale* remained open, the certain result would be a mixture of arterial and venous blood, to which all the symptoms were attributed. This explanation was undisputed until the time of Corvisart, who first doubted the correctness of this pathology, in consequence of finding cases in which the foramen ovale was entirely closed, and yet all the symptoms of cyanosis having previously existed; and furthermore, cases have been recorded where the foramen ovale was found open, and yet no symptoms of cyanosis had previously existed. It has been argued that no mixture of arterial and venous blood can take place, the foramen ovale remaining open (no other condition being present), in consequence of the maintenance of an equilibrium between the two columns of blood in both auricles; each being filled at the same time, the left receiving its supply from the pulmonary veins, and the right from the venæ cavæ, and the simultaneous contraction of both. In 139 children examined by Dr. Billard, dying at all periods from one to eight days old, the foramen ovale was found open in 113, and yet no one of these 139 had the slightest symptoms of cyanosis. Hence it is argued that if an open foramen ovale be *a* cause of cyanosis, why was it not seen in these cases? and furthermore, that cyanosis supervenes at the commencement of respiration, or very soon after it; therefore, in the production of cyanosis, some cause must be sought other than an open foramen ovale. The opinion is strengthening, that instead of an open foramen ovale causing cyanosis, it will be found invariably, on a close inspection, that a contraction exists at the right ventriculo-pulmonary orifice, thus affording a serious obstacle to the due aeration of the blood; or the blood may pass with its usual normal freedom from the right ventricle, and a contraction exist at the right auriculo-ventricular orifice, or at the tricuspid valve; an obstacle, which, from the contraction of the auricle, would cause a mixture of arterial and venous blood through the foramen ovale. It is difficult to see how cyanosis can be produced from an open foramen ovale, unaccompanied by those morbid conditions which I have suggested. SELDEN JENNINGS, M.D.

Richmond, Ms., Sept. 28, 1844.

THE OPERATION FOR CATARACT.

[Communicated for the Boston Medical and Surgical Journal.]

So much has been written by distinguished European and American surgeons on this subject, that any additional observations may be thought superfluous. There are, however, some very important points in the detail of the different operations, that may not prove destitute of interest to your readers. The operation is never sought unless by those under the most painful apprehension of the loss of a faculty far more precious in their estimation than any other they possess. Scarcely a passing notice is bestowed upon it by the professors of our colleges, and the young surgeon (for, unlike the greater operations, this often falls to his share) enters practice with an amount of knowledge entirely inadequate to its proper performance; whilst there is no operation that will reflect more credit or disgrace, in proportion to its successful or unsuccessful result. Indeed, so highly is a successful case esteemed, that it may in reality be called, without great subsequent misfortune, an unlimited letter of credit to the young surgeon, who is fortunate enough to achieve it successfully.

The diagnosis of cataract, with whatever difficulty may appertain to individual cases—such as its complication with glaucoma, amaurosis, or its consistency, whether hard, caseous or soft—is supposed to be as well understood as possible by the individual who is about to operate; these points cannot, with propriety, form any part of an essay like the present. The single point of its softness alone, must be determined, if possible, before an operation, as it should control its choice, and must necessarily influence the prognosis. In a word, if it is known to be fluid, it can neither be extracted nor depressed; and if fluid, or not of sufficient consistence for depression, and in a person over 60 years of age, though the capsule might be lacerated, absorption could not be anticipated with any certainty, though assisted by mercury. Fluid cataracts are not common, however, in old people, and fortunately caseous ones will admit of laceration and absorption—as I know by ample experience—even at 50 years of age. There is but one certain diagnosis of a fluid cataract, either in young or old—and that is, the shifting of position in any light specks that usually exist in them. If the pupil be well dilated with belladonna or hyoscpamus, and the patient directed to give his head a sudden shake, a good eye, and in a sufficient light, will detect the movement. I am particular in the directions; for though assured by many of its impossibility, I am often governed in the choice of an operation by a conclusion thus formed. In such cases there is but one choice, and that is only in the place of puncturation. If an infant, or an adult of 20 or even 30 years, and in robust health—and, above all things, not of a nervous temperament—I choose the anterior or Saunders's operation, as the most simple, and one that can be repeated without danger, and will eventually succeed. If the patient is over 30, I choose the posterior operation, and for two reasons: the cataract requires more laceration than can be effectually done through the cornea, and if only partially fluid, which is more likely to be the case after 30, after lacerating the capsule you may depress the body of the cataract, though I would never recommend depression at all if there is a reasonable hope of absorption, or extraction can be performed. This sentiment is founded upon the certainty of nature's intention in furnishing a vitreous humor to the eye—and that was, undoubtedly, that it should perform a specific function—a conclusion which I should suppose would be rejected by those who still practise the absurd operation of reclination, certainly a most wanton and unnecessary destruction of a structure highly important to vision; hence, also, the certainty that when successfully performed, and without loss of the vitreous humor, extraction is to be preferred to depression, however modified.

New York, *Sept.*, 1844. E. H. DIXON.

(To be continued.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1844.

Scarcity of Anatomical Subjects.—Constant complaint is made, of late, on account of the extreme difficulty of procuring subjects for anatomical study. Gentlemen who have made extensive preparations for accommodating students, have been obliged to suspend their courses of practical insruction in that most essential of all departments, demonstrative anatomy. Some, perhaps, may imagine that a multiplication of schools has contributed to produce this inconvenience; others, in their wisdom, conceive that too much attention is given to demonstrative anatomy. He must be blind indeed, who would have men study bones, muscles, arteries and nerves, exclusively by plates. The fact is, medical institutions have increased, and so has the population of the country. More of everything is required now than formerly, to meet the wants of the community over the whole Union. Students of medicine are increasing, and if the public would have accurate, learned and accomplished surgeons and physicians, all obstacles to their suitable preparation must be removed.

It was the intention of the General Court of Massachusetts, by an act passed some years since, to facilitate the study of anatomy, and in doing so, forever put a stop to violations of the tomb. Paupers, unclaimed by immediate relatives or friends after death, were to be delivered to medical gentlemen of respectability. It so happens, in the practical working of this law, in the almshouses of the cities, that some one inmate claims to be the friend or relative of the deceased, and thus an uninterrupted chain of relationship, which no one calls in question, actually puts a barrier in the way, almost ruinous to the pursuit of anatomical investigations. If some one would take the matter in hand the ensuing winter, and obtain a modification of the act, so that those claiming to be relatives and friends of paupers should relieve the State of the burden of funeral expenses, no more embarrassment would be felt from this source.

Although this complaint may appear to the world at large as an exclusively professional piece of selfishness, it is really of immense consequence to society. The public must either aid in this responsible labor of obtaining a scientific education, or in sickness pay the penalty by suffering under quacks and ignoramuses.

Brass Pin in a Tumor.—Dr. Dexter, of Lancaster, N. H., recently opened a tumor the size of a hen's egg, on the left shoulder of a young girl, 14 years of age, in the town of Stark, N.H., which was filled with pus. As the matter was running from the incision, the doctor saw the head-extremity of a brass pin protruding from the opening, and which he extracted with forceps. It was one of the large kind called *ounce pins*, minus a head, corroded, but firm and strong as it ever was How it got there is a question. The patient had never suffered from pain at the location of the tumor, till the inflammation commenced, which was only eight or nine days before the tumor was opened. Neither had the family any recollection of her having swallowed a pin, or had one accidentally thrust into the flesh. Dr. Dexter's opinion is, however, that when she was a small child, she actually swallowed the pin which he extracted from over the centre of the shoulder-blade.

This is only one of the thousands of cases on record, where nature, under the impulsive influences of life, relieves the system from sources of irritation that threaten the total destruction of the beautiful mechanism of the body.

Medical Lectures—in St. Louis University, begin in November. Although there are two schools of medicine in Missouri, both in the thriving city of St. Louis, they have sufficient support to warrant them in looking forward with high expectations of usefulness and distinction in future years. Of the University School of Medicine, very little need be said of it to show how strong a hold it has on the public confidence at the West. Nine students received doctorates at the late commencement.

In the *College of Dental Surgery*, at Baltimore, the lectures also begin in November. At one time there was a disposition on the part of some gentlemen to throw a shade of doubt on the success of this school. They could not believe that there were young men enough in the world, who wished to become scientific dentists, to support an institution organized on the principles of the Baltimore College. It has so far, however, lived down all opposition, and disappointed those who prophesied its downfall. Seventeen gentlemen received degrees at the close of the last session—*Doctors of Dental Surgery.* There may be a host frowning upon this College, and foretelling its ultimate neglect; but they cannot alter its destiny. It is a school for making safe dentists, and the people will have confidence in those who have been taught there.

Protective Powers of Vaccinia.—An essay, to which was unanimously awarded one of the Boylston Prizes for the present year, was written by Samuel Forry, M.D., editor of the New York Journal of Medicine. The dissertation is printed in the last No. of that Journal, and embraces nearly thirty closely-printed pages. As the question proposed was—" To what extent is the human system protected from smallpox by inoculation with the cowpox?" the author had full scope for conducting an investigation which must have been particularly agreeable to him, since his taste leads him to the consideration of subjects requiring patient investigation into causes. and to collecting and storing up, for future use, the statistics of everything which can be of utility in solving difficult problems, or illustrating the progress of society, the arts, the sciences and human improvement.

The conclusion of the whole elaborately-prepared article is as follows, viz.: " We go upon the principle that *the more you vaccinate the better.* We have re-vaccinated ourselves annually for the last ten or twelve years, but the year of our complete success has not yet come; and we regard ourselves, judging from the fact of repeated exposure, as entirely protected against the variolous poison. If individuals are successfully vaccinated in childhood, all facts would seem to prove that there is no necessity for re-vaccination before the tenth year of age; and the same data lead to the conclusion that the most suitable age is from the period of puberty to that of confirmed manhood. Our own opinion is that vaccination should be repeated at the age of 15 years or earlier, and again at 25. After this last period, as man seems to acquire, with the advancing years, a natural inaptitude to variola, there would seem to be no further necessity for vaccination."

"Although vaccination, as well as variolous inoculation, is a discovery which attests the wonderful powers of the human mind in unfolding the secret provisions which a beneficent Nature has provided for the mitigation of her most baneful pestilences, yet the history of vaccination unfortunately proves that the sanguine anticipations of its early advocates—that Nature has thus furnished us with a means adequate for the complete extermination of smallpox from the face of the earth—are vain and illusory. But notwithstanding the results of time have shown the error of these premature assumptions, yet the benefits conferred upon the human family are sufficiently great to place the name of JENNER among its greatest benefactors—a judgment in which the physicians of all the world are unanimous. That good and evil shall be blended, is a general law of our physical and moral nature, to which the history of smallpox and vaccination offers no exception. In a word, how unrequitable are the obligations of the human family—of countless generations yet unborn—to him who, eliciting this mysterious secret from the dark recesses of rural tradition, rendered it available to all human kind!"

Uriscopia.—In the city of Detroit, the capital of Michigan, we lately saw something in the line of quackery that quite overtops the empiricism of Massachusetts. Large yellow bills were posted up over the town, and thrown into shops and hotels, headed *Uriscopia*, in mammoth letters. Then followed the advertisement of a certain Dr. I. Snyder, whose "*mode of practice is well known to a great many who reside in Michigan, Indiana and Illinois.*"—"*He describes disease by the urine. It is required to be brought to him in a clean phial; the first in the morning is preferred.*" "*As Dr. Snyder's office is almost always filled to overflowing with applicants for medicine, every one will be attended to in turn*"!

Here is evidently an attempt to repeat the old urinary farce, so called, which duped half the invalids in England at one time. The mail bags, it is said, were actually freighted with franked bottles of urine! Nothing, however, is too absurd for some minds; and whatever has proved productive abroad, is sure of being patronized by the same order of people in the United States. We are fated, as a nation, to have inflicted upon us all the humbugs of Europe, and well would it be for us if the faster they come the sooner they would pass away.—Animal magnetism has made its exit; the urine mania is getting well under way for a popular run, in the direction of the planets, from West to East. Next, the metallic tractors may re-appear, to be succeeded by wooden skewers, and the London cures by them may be revived with immense benefit to that class of patients who are always quickly cured by the last new kind of practice.

Boston Dispensary.—The whole number of cases treated by the twelve visiting physicians of the Boston Dispensary, during the year ending

September 30th, according to the abstract of the reports, was 2317; of whom 1796 are reported as having recovered, and 87 died. Of these cases, 107 were child-births. The number of patients reported as intemperate, is 74; temperate, 1979; children of intemperate parents, 25—though in these particulars, some of the physicians' reports are incomplete. The number of Bostonians among the patients was 96; American, 428; born in the United States of Irish parents, 752; Irish, 926; British, 78; other nations, 37. The greatest number of cases was in Ward 2, under the care of Dr. E. D. G. Palmer, the number in that Ward being 418.

The following physicians were chosen, last week, for the present year: *Consulting Physicians*, S. D. Townsend, J. Bigelow. *Visiting Physicians.* John Spence, Jr., Wards 1 and 3; E. D. G. Palmer, Ward 2; George Hayward, Jr., Wards 4. 5 and 6; Samuel Cabot, Jr., Ward 7; Le Baron Russell, Ward 8; G. N. Thomson, Ward 9; Wm. H. Thayer, Ward 10; C. E. Buckingham, Ward 11; Andrew Alexander, Ward 12, South Boston; P. M. Crane, East Boston.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund, in Rhode Island, propose the following questions for 1844–45:—1. "The best mode of treating, and the best apparatus for the management of, fractures of the thigh." 2. "The character, causes and best treatment of bronchitis." For the best dissertation on each of these questions, the sum of fifty dollars will be paid—the dissertations to be sent, previous to May 10, 1845, to Dr. L. L. Miller, of Providence, Dr. T. C. Dunn, of Newport, or Dr. Jabez Holmes, of Bristol.

Fœtal Circulation.—Mr. John Childs, an ingenious and accurate artist, of Boston, is lithographing G. J. Martin Saint Ange's plan of the circulation of the fœtus, the text accompanying it having been translated by T. W. Jones. The drawing is of the natural size at birth, to be beautifully colored. All the thoracic viscera are seen in their proper relations to each other, and the bloodvessels of the abdomen, kidneys, mesentery, &c., together with the cord, to its extreme ramifications in the placenta, are true to the life. This is but an outline of Mr. Childs's admirable undertaking, which should receive the patronage of every practitioner and student of medicine. Whenever the work is ready for the medical public, we shall be extremely happy to announce the intelligence.

Mechanical Skill necessary for the Dentist.—The Washington Editor of the American Journal of Dental Science, writes as follows of one of the requisites for a skilful and successful dentist.

"As to the dental instruments made by Chevalier, Arnold and others, we have heard them spoken of in very high terms, but cannot judge of their value from the use of them, nor indeed of those of *any other* cutler, having never used any dental instruments (except forceps, and these we remodel, and files) but those made by *ourself.* With deference to the opinions of others, we think all dentists should make their own excavating, plugging and scaling instruments. We will even go so far as to say that—entertaining our present views of the qualifications necessary to practise dental surgery properly, and of our duty to our patients—if we *could not* make those instruments we should do both our profession and the public an act of justice by changing our occupation. It requires a far inferior grade of mechanical talent and skill to make any implement we use, than to do *justice* in a difficult operation upon the teeth. A most happy and just remark was made by the president of the American Society of Dental Surgeons—that 'the *hands* of the dentist should be educated as well as the *head*;' and this manual education can only be obtained by long use—use from boyhood to manhood—of small tools; large or heavy ones will not only make the hand too large, but they destroy that pliability and delicate sense of touch, which, if not so necessary for the success of the operation, are all important for the feelings and welfare of the patient. We are frequently applied to for instructions in our profession, and the first question we ask the applicant is, 'have you been accustomed to any labor requiring some mechanical skill, and the use of the hands?'—if not, the man is dismissed as not prepared to *commence* his studies—advised, perhaps, to turn his attention to law, or some other profession that requires the head *only* to be educated, and answered that for the profession of dental surgery, his preparatory course should have commenced as early as his tenth year."

Asbestos in Dental Practice.—A correspondent of the Forceps says that the use of asbestos in those cases of caries where the cavity of the tooth so nearly approaches the nerve, as to render it sensitive to the application of the instrument, and liable, therefore, to be affected by the transmission of caloric through the dental stopping, might probably be advantageously extended. It is important that the material employed should be as indestructible in the tooth as the gold with which it is to be covered; that it should not be liable to absorption through the medium of the vessels of the bony structure of the tooth, and that it should be as nearly an absolute non-conductor of heat as possible. Filamentous asbestos, which very much resembles floss silk, or very fine cotton, possesses these several indispensable requisites in an eminent degree. There are various qualities of asbestos; that, however, which is used to prevent the transmission through the metallic stopping, to the barely protected nerve beneath, of the two sensations arising from the action of heat and cold, should be very fine in its filaments, delicately pure and white, and scarcely distinguishable from the best kinds of untwisted silk. Previously to its application, the cavity should be well cleansed and dried, as in ordinary cases of caries. A sufficient quantity of the mineral to fill about one sixth of the space of the cavity, when well compacted beneath the gold, made very soft and pliable, should then be placed upon the parts adjacent to the nerve, and the operation finished by the introduction of the metallic stopping in the usual manner.—*London Medical Times.*

Copland's Medical Dictionary.—An American edition of Dr. Copland's Medical Dictionary, with notes and additions by Dr. Chas A. Lee, of New York, has been commenced in that city, and is published in monthly parts by Mr. H. G. Langley.

Number of deaths in Boston for the week ending Oct. 12, 41.—Males, 19; Females, 22. Stillborn, 1.

Of consumption, 8—typhus fever, 5—infantile, 3—scarlet fever, 7—convulsions, 1—marasmus, 1—delirium tremens, 1—syphilis, 1—teething, 1—dropsy in the brain, 4—inflammation of the bowels, 2—croup, 2—lung fever, 1—hooping cough, 2—old age, 1—canker in the womb, 1.

Under 5 years, 22—between 5 and 20 years, 2—between 20 and 60 years, 16—over 60 years, 1.

Convention of Dental Surgeons.—Some time since, an association of Dentists was formed in this city, called the "Cincinnati Association of Dental Surgeons," designed to promote the interests of the science of dentistry. With the view of extending their field of operations, and forming a bond of union among the dentists of the Mississippi Valley, the members of the profession in the West and South were invited to meet in convention at Cincinnati, on the 13th ult. A number responded to this call, and at the time appointed the convention assembled in the Medical College of Ohio; Dr. Joseph Taylor, of Maysville, Ky., was called to the chair, and Dr. Wm. B. Ross, of Covington, Ky., was appointed secretary. After a very spirited session of two days, during which time excellent addresses were delivered by Dr. Rogers, Dr. James Taylor, and Dr. Allen, a permanent society was formed, called the "Mississippi Valley Association of Dental Surgeons." Dr. Jesse W. Cook, of Cincinnati, was elected President; Dr. Wm. B. Ross, of Covington, Ky., Recording Secretary; Dr. James Taylor, Corresponding Secretary; Charles Bonsall, of Cincinnati, Treasurer; Drs. M. Rogers and J. Allen, of Cincinnati, and F. E. Sevier, of Madison, Ia., Committee of examination for membership. The Society adopted a Constitution and By-Laws, which for their strict provisions in regard to admission of members deserves the highest praise, and might advantageously be imitated by some of our Medical Societies. We heartily wish the Society success; and judging from the high professional standing of those engaged in the enterprise, there can be no doubt that the interests of this useful art will be materially advanced; and, therefore, all dentists who desire to see their science improved, should be found sustaining this Association.—*Western Lancet, Cincinnati.*

Cold Water in Typhus.—A very important agent in the treatment of typhus fever is cold water. To us its seems to have considerable claims to the character of a febrifuge. Used either externally or internally, it possesess more control over the temperature of the body, than anything with which the physician is acquainted. Our practice is to allow patients to drink *ad libitum;* and also to use it freely upon the skin when the heat is great, and when this organ is contracted. With the conditions of the system by which its use is contra-indicated, all are familiar. We would add, that we have not seen either rheumatism or pneumonia, as a consequence of the use of cold water in typhus, as contended for by Clutterbuck. —Dr. Dawson, in *Western Medical Journal.*

Therapeutical Application of Cold.—To insure good effects from the application of cold, the temperament of the patient should always be considered. In nervous persons, and upon irritable organs, the use of cold should never be carried to the same extent as in opposite states of the system, or in other parts of the body. Two young females, sisters, one of whom was of extreme susceptibility, the other more calm, were attacked at the same time with fever. Ice was applied to the head of both of them. The latter was relieved by the application; the symptoms of the former were, on the contrary, aggravated by it, and the attack soon proved fatal.—*Provincial Medical Journal.*

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DR. C. J. B. WILLIAMS'S LECTURE ON DIARRHŒA.

We now proceed to consider the *forms of diarrhœa*, and here we are to be guided by the symptoms by which it is attended. It sometimes arises from a diseased or broken-down constitution. There are several kinds of diarrhœa, and we may judge of its nature by an examination of the matter passed by stool. Diarrhœa consists in an increased secretion from, and an increased peristaltic action of, the intestinal tube, so that the matter is passed through more rapidly, and in increased quantity, as well as in a more liquid state than usual. Having already considered that form of diarrhœa connected with enteritis, more particularly of the lower part of the canal, we have now to consider the forms connected with other kinds of inflammation. Hence, mucous diarrhœa is accompanied by a discharge of a mucous, slimy matter, with slight traces of blood. It arises in some cases of dysentery, from irregularities of diet, or fæculent accumulations in the intestines, more particularly in the colon. It is also present in the early period of some febrile affections, especially where the intestinal mucous membrane is more or less implicated. In some cases, where the inflammation is intense, there is not only mucus, but shreds of lymph are passed down the canal. Another variety of diarrhœa is the watery or serous kind, in which there is a free discharge of liquid from the intestine, with but little pain—only a sort of griping pain, occurring more like colic ; and, sometimes, the quantity of liquid passed in this way is immense, causing a great amount of depression, and even fainting. This must be considered more in the light of a flux, and the fainting that occurs depends as much on the irritation of the secretion itself, as on there being any inflammation present. This is represented well in the action of purgatives, particularly of the drastic kind, where the same effect takes place, even where there is, perhaps, no blood lost. Diarrhœa may also depend on the same causes which produce other fluxes : the sudden suppression of perspiration, cold sour drinks, sudden mental emotion, and fear, particularly, produce a watery discharge from the intestine. We often see sudden changes of diet, more particularly in children, produce the complaint, called watery gripes : this is different from the slimy discharge, just spoken of, and is usually accompanied by more intense inflammation. The common cause of the mucous and serous diarrhœa, is a congestive or obstructed state of the vessels of the intestines, generally, this being usually connected with obstruction of the liver. You must look, in many of these cases, to the liver, for the cause of the mischief occurring in the intestines. It often happens, in connection with mucous diarrhœa, that there is an absence of bile in the stools, or that the bile presents a disordered appearance; the stools are very dark, or green, and often attended by a very sour smell, from the absence of the proper bilious matter. There is, commonly, great disturbance of the digestive function, and there is sometimes actual fulness and tenderness in the right hypochondrium, with other signs of a congested state of the liver, or actual jaundice. But there is an opposite kind of diarrhœa that occurs, namely, bilious diarrhœa, where the discharge by stool is great, and contains an orange yellow, or green liquid, often very scalding and irritating, the fæces causing a great deal of griping pain in the intestines. This is apt to occur in hot seasons, in persons of intemperate habits, connected with hepatic symptoms. Here, the tongue is more loaded than in most other forms. The urine is high colored, and remarkably turbid. In other cases of serous diarrhœa, the urine is scanty and turbid, with an absence of the aqueous part, the water being carried off by the intestines, instead of by the proper channel. In the form of diarrhœa, of which we are now speaking, there is a more copious deposit of red matter than usual. Bilious diarrhœa sometimes arises from duodenitis, and may be produced by mercurial medicines; in fact, all these different forms of diarrhœa may be produced by the irritation of different kinds of purgatives, long continued.

There is another variety of diarrhœa, which consists of an accumulation of fæculent matter, and the fæces are in a diluted state, rather darker than usual, but still of a yellow color, and discharged in increased quantities. This is one of the simplest forms of diarrhœa, and is called the *diarrhœa crapulosa*. Then, there is, also, a kind of diarrhœa connected with imperfect digestion of the food, from its being hurried too quickly through the intestines. This sometimes takes place where some purgative matter is administered, or when the food contains some irritating substance, causing an increased action of the intestines, which hurries the matter through, instead of allowing it to remain until properly digested. This sort of irritable diarrhœa may proceed from weakness of the digestive organs, or from an indigestible and irritating quantity of food.

Now, whatever may be the form of diarrhœa, if it is of a slight character, it may soon pass off, and it must be considered as, in some degree, a natural means of relief. If the diarrhœa is slight, it may be easily counteracted; but if it is severe, and the discharge is considerable, causing great prostration of strength, it becomes more serious, and may cause great emaciation and loss of power, all the functions being attended with general disorder. There is nausea, anorexia, thirst, the urine is morbid and scanty, and, in extreme cases, it may actually be suppressed. The skin is hot and dry, and sometimes it becomes shrunken, when the diarrhœa is excessive. There is a great feeling of chilliness and susceptibility to cold, and the tongue presents various altered appearances.

The *treatment* of the more serious forms of diarrhœa is to be guided by circumstances. Where it is of the mucous form, and is accompanied by pain, griping, and tenderness in the abdomen, it must be treated by mild antiphlogistic means; and it may, in some cases, be necessary to apply leeches to the abdomen or to the anus: in severe cases, fomentations or a warm bath, and blisters on the abdomen, may be necessary. In the great majority of cases, it is necessary to increase the action of the liver. Mercurial purgatives, of sufficient strength, should occasionally be given, as well as astringents, to stop the diarrhœa. It is very frequently the case, that the flux is so excessive that it is desirable to check it, but here the cause of the flux is to be considered. If the irritation is excessive, it is necessary to combine, with the other remedies, narcotics and sedatives, and if the griping pain is severe, and the quantity of the flux is so great as to weaken the patient very much, it may be advisable to combine calomel with the opium. In many cases of diarrhœa, I give a dose of calomel with conium, to work briskly through the intestines, where the diarrhœa has resisted the operation of astringents. The exhibition of this remedy must depend on the state of the diarrhœa. If there has been previous constipation of the intestines, or if improper food, or the distension of the abdomen with fæculent matter, have been the cause of the diarrhœa, then a purgative may be given without any opium at all. Generally, if the pain is excessive, calomel, combined with conium, is a good thing, followed by castor oil or senna. If the diarrhœa continue long, and there are no signs of fæculent accumulation, where the diarrhœa seems to arise from the irritation of the flux, rather than from biliary obstruction, and if there is no pain, mild astringents answer best; after the bowels have been evacuated, a mixture of chalk and aromatics seems to have the desired action. Opium has the effect of relieving the pain for the time, but, from its tendency to arrest the secretion of the liver, it increases the mischief afterwards. In some cases, if the diarrhœa continues in spite of the milder astringents, metallic astringents become necessary, such as sugar of lead, or sulphate of copper, combined with opium. If these fail to produce a beneficial effect, then astringent injections are of great use: as a solution of alum, and sulphate of copper. I have stopped the diarrhœa by an injection of nutgalls, in cases which had resisted every other treatment.

After the diarrhœa has been stopped, it is necessary to take care that no inflammation succeed, for these fluxes, when stopped too suddenly, tend to produce inflammatory lesions: and, when any disposition to this occurs after the stoppage, it may be necessary again to give aperients to open the bowels. If the inflammation is severe, fomentations or blisters may be desirable. It is often necessary, after the continuance of diarrhœa, to give, alternately, astringents and aperients, until the bowels have got into regular action, and appear to have resumed their healthy state. The natural condition of the bowels is thus to be restored, and kept up, partly by medicine, and partly by diet. It is of the greatest consequence, in the treatment of diarrhœa, to confine the diet to the mildest farinaceous food, such as, arrowroot, rice, gruel, sago, and things of that kind, avoiding animal food. The patient must be kept quiet in bed; and to get the bowels and other organs into tone, it is then useful to give tonics, such as, cusparia bark and mineral acids; and, sometimes, rhubarb and magnesia, combined with tonics, are of considerable efficacy.—*Lon. Med. Times.*

SCIATICA.

Painful affections of this nerve, though classed under the same name, are very various.

Acute inflammation of the nerve is most frequently the effect of exposure to wet and cold, standing or sitting in water, on wet ground, in boats or in coaches. The pain in the course of the nerve is very severe, aggravated by the slightest motion, and attended by high febrile symptoms. It requires strictly antiphlogistic treatment. Cupping along the course of the nerve, brisk purging with calomel, followed by salts and senna, each dose containing thirty drops of vin. colchici, or three to six grains of powdered colchicum, every five hours, until the febrile symptoms are diminished. Then ten to fifteen grains of Dover's powder will greatly relieve the pain; for the pain is seldom reduced in proportion to the reduction of the febrile symptoms, a point which should be remembered. At this stage two grains of calomel, from four to six of powdered colchicum, and five of Dover's powder, should be given every six hours, with some diuretic, and an extra dose of opium at night, if necessary; repeating the black draught every second morning. It is needless to add that the effect of the colchicum should be watched. Even after these means, the pain may be obstinate and severe, requiring blistering. It may be necessary to continue the calomel until the gums are sore, as it is important to prevent the disease from becoming chronic, which it is very prone to do.

This chronic inflammation of the nerve is obstinate, and sometimes followed by loss of power, wasting and shrinking of the limb. The pain does not wholly subside, but is aggravated in paroxysms, and particularly at night. In some cases there is nocturnal fever. To distinguish this state from one of pure neuralgia, is often difficult. Nocturnal fever, and scanty high-colored urine with sediment, sometimes assist the diagnosis. If the patient has this chronic form of the disease, when first seen, purgatives should be given, especially if his age is advanced. Calomel and colocynth, followed by castor oil, sometimes bring away hardened fæces, and occasionally perseverance in the purgatives has relieved the disease, which seemed to depend on a loaded state of the bowels; but in general mercury will be necessary. The following formula Dr. Hunt, as he says in his late work on Tic Douloureux, &c., employs:—R. Hydrargyri phosphatis, gr. j.; opii, gr. j.; antim. potassæ tart. gr. 1-6. Fiat pilula omni nocte sumenda.

If there is much nocturnal fever, in addition to this, moderate doses of nitrate of potash and colchicum should be given three times a day, with occasional aperients. If much exhaustion of strength and emaciation, the compound decoction of sarsaparilla with the liquid extract during the day, and the mercurial pill at night. Counter-irritation is especially useful. Open blisters, the tartar-emetic plaster, or even a caustic issue behind the trochanter. Dr. Hunt alludes to the hydriodate of potash as producing a powerful effect in some cases, but says he has not himself used it.

Sciatica, of which pain is the only symptom, returning in paroxysms like electric shocks, is occasionally met with, and should be treated like pure neuralgia, first by purgatives, and then by steel, quinine or arsenic with sedatives.

A case is given in which sciatica existed with piles and prolapsus ani, and the removal of the piles relieved the pain.

Persons subject to sciatica should wear flannel drawers next to the skin, and if they are very susceptible to weather, washed-leather drawers over the flannel, during the winter months. We have seen benefit in some cases of obstinate pain in the sciatic nerve from washed-leather drawers worn next to the skin.—*British and Foreign Med. Review.*

ANTE-MORTEM EXAMINATION OF A CASE OF QUACKERY.

By John Dawson, M.D., of Jamestown, Ohio.

THE object of this report is to detail the *symptoms*, *pathology* and *treatment* of a case of quackery which lately fell into my hands, and for which, in consequence of some circumstances, I was compelled to prescribe.

Symptoms.—The case to which I have referred is a "botanical doctor," by the name of Dr. L. T. He formerly resided in the East, says he there studied the "regular system," came to this country and was connected for a while with the "*Botanic Faculty*" at Worthington, in this State, as a *professor*. From considerations, best known to himself, he *amputated* himself from that *learned* body, and took up the occupation of "botanic doctor," and has resided within the last three years in as many different places, including Xenia, Dayton, and New Paris, all in this State. He is from appearance 35 or 40 years of age, tolerably tall, thin frame, and looks as though he *enjoyed* bad health. With this much upon the *history* of the case, we will proceed more directly to a consideration of the *symptoms* as they were manifested on the occasion of our first and only interview. It may be proper, also, to state, that when our observations were made the patient was *accouching* himself of a lecture on the advantages of the "botanic system." His language was tolerably chaste, and rather mild. He spoke of the importance of medical knowledge to the people, of the imperfect condition of medical science as taught by the regular faculty, physicians themselves being the judges; of the "destructive consequences of using poisons," such as opium, calomel, &c., in the treatment of disease, and of the inability of "regular" physicians to treat diseases successfully, on account of bad theories, or rather no theories at all. He seemed to be really afflicted with things of this kind; and supposed that homœopathy, patent pills, panaceas and nostrums of every kind were resorted to, because of inability in the regular faculty to answer the purposes for which it was instituted. Pained with such hallucinations as these, he labored also under a *delusion* that if the following "*principles*," as he called them, were made the basis of a system of medical practice, mankind would live to be taken out of the world with nothing, save and except old age.

1. Life is a state sustained by stimulants.
2. All disease is a diminution of vital action, therefore, disease is a unit.
3. Fever and inflammation are identical, and are both efforts of nature to throw off disease.
4. All remedial agents should act in harmony with the vital laws.

He exhibited traces of monomania on each of these "*principles*," and seemed to be *abnormally* confident that they were not only true, but that their adoption for the government of the "healing art" would redeem it from the darkness and confusion with which it is at present enshrouded, and place it upon a footing with the more brilliant and certain sciences of the day. With these symptoms before me, the next thing was to ascertain the proper pathology of the case. This, of course, could only be done by a just consideration of the *history* in connection with the symptoms, and such *dissections*, *ante-mortem*, as we are ordinarily permitted to make. From all these lights we inferred the pathology to consist: 1. In a morbid supposition that everything in this world, connected with human pursuits, is perfect, therefore the medical art should also be perfect; 2. In a *congenital*, or some other, lesion of the understanding, not knowing what the powers of the healing art really are, what the resources of medicine or the various morbid phases of disease are, and the control which an enlightened physician is able to exercise over the latter; 3. In a very *oblique* conception of the nature of a poison, and its proper definition; 4. In a *deranged* condition of the judgment—mistaking the *theories* of Rush, Brown and Sydenham for "*principles*" upon which to found the "botanical system;" and lastly in an hypertrophied state of "*acquisitiveness*"—plagiarizing from these men in the regular profession, and not referring to them as being the authors of these theories.

Treatment.—Called upon by the patient himself for counsel and such treatment as I thought proper to institute, I yielded to the solicitation, and assumed the management of the case with the expectation of no other reward than a consciousness of having attended to a part of the duties of a physician. As is frequently the case in the treatment of disease, the *indications* to be fulfilled were various, and seemed to have grown out of several causes. Prominently standing out, as if demanding immediate relief, was the supposition that the medical art ought to be perfect, that physicians ought to be able to cure all diseases with which mankind are afflicted. For the relief of this symptom I prescribed an argument upon man's human nature, his liability to err, the circumscribed powers of his observation, the small amount of actual knowledge that he possesses on any subject, and the folly, or rather foolishness, of expecting perfection on any subject at his hands. I endeavored to *get it into him*, that medical science, like all other sciences, was in its infancy, that it was now being cultivated with a great deal of success, and that in a short time it would take control of all disorders, except those which are the *opprobrium medicorum*, with which the Creator makes good his saying, that "*It is appointed for man once to die.*"

For the disordered condition of his understanding, I ordered a careful, patient perusal of the elementary works on medical science, an attendance on the prelections of some of our teachers, with an examination of their facilities for imparting useful and available information on all medical subjects. On making known this prescription to my patient, he expressed himself as having previously tried the efficacy of such remedies, and found them to be incompetent to the cure of his malady. I replied, that, unless he was insusceptible to the influence of all remedial measures, he would certainly be cured; and that his former failure was perhaps referable to the adoption of *impure* or *inert* means.

His *optical illusions* led him to believe, that poisons could exist in nothing but opium, calomel, and the preparations of antimony. To these, in connection with bloodletting, were due the poisonous consequences that follow the practice of the regular physicians. Knowing the defective character of the glasses through which he had been accustomed to look at poisons, we concluded to order them laid aside for a while, and have a pair provided through which he could see poison *in all substances capable of acting in a noxious manner on the vital properties of the system.* At first my patient expressed himself much pleased with this view; but as soon as he discovered that it embraced *lobelia*, *cayenne*, and *number six*, when improperly administered, three favorites of his heart, his symptoms relapsed, and his vision became as much as ever distorted.

The *trouble* under which he labored, in mistaking those old theories of Brown, Rush and Sydenham for *principles*, I regarded as one of the most serious symptoms with which he was afflicted. Its import seemed to point directly to a *lesion* of the judgment, which I was apprehensive might be *congenital.* Knowing, however, that a mild prescription could do no harm, but on the contrary, that it might serve to make the features of the disease more obvious, I concluded to give one a trial. I *administered* to him: 1st. The fact, that the term *principle*, derived from the Latin *principium*, in its scientific acceptation is understood to mean a *truth*, either without proof, or considered as having been before proved; hence, when we use the term *principle* in medical science, we always have reference to an admitted truth, a something concerning which there can be no division of opinion; 2nd. That *theory*, derived from the Greek *theoria*, could, at most, mean nothing more than a *speculative* exposition of any subject, which theory or speculative exposition is only used or adopted, when, from the nature of the subject, it is incapable of being demonstrated, or of being made to assume the form of truth; hence, the diversity of theories on the *modus operandi* of medicines, and other kindred subjects, where the evidence of which we are in the possession, amounts to nothing better than speculation or mere probability; 3d. That if the theories of Brown, Rush, Sydenham, &c., had been susceptible of proof, their authors, those by whom they were originated, and who doubtless understood them the best, would never have left to any part of posterity, much less to "botanical doctors," a work, the value of which to their respective systems, they so well understood; and, that if the genius of the authors of those theories could do nothing more than fascinate and amuse the medical world of their day, what can be expected at the hands of a class of men, whose only claim to distinction consists in an affected contempt of almost everything like medical knowledge, and a stupidity of intellect, that aims at nothing higher than the attainments of a drone? The effect of this prescription was most visible in an uneasiness of the general system, such as you would observe in an emaciated patient sitting upon a few sharp pegs. He was continually changing his attitude, resting a while upon one tuber of the ischia, then upon the other, until at last he exclaimed, that he would take no more of the prescription, until he returned home, to consult, I supposed, his friends. I prevailed on him, however, to stay a while longer, until I took him through the full course of prescriptions which was at first contemplated, promising him that his case, although almost beyond the reach of hope, should not be neglected at all, but that, on the contrary, the treatment should be continued more vigorously, if possible, so long as there was a trace of the vital principle that seemed to be worth preserving, or a fragment of the disease capable in any way of interfering with the integrity of his system.

Partly, perhaps, by these assurances, and the anxiety of his friends to keep him from acting the "*baby*," he was induced to stay and see the end of the prescription.

The pathological state, for which I had yet to offer some measures of relief, consisted, as before remarked, in an *hypertrophied* or some other bad state of that organ which phrenologists call "*acquisitiveness*," plagiarizing from the regular profession, the theories of some of the older physicians, without giving those physicians any credit at all for the invention of those theories, but, on the contrary, palming them off upon the ignorant and credulous as having been first brought forward by "*botanic doctors*." Difficult, as I was aware the correction of such a condition would prove itself to be, the idea of abandoning the case to nature for a spontaneous cure seemed to me to savor rather too much of the "*expectant*" mode of treating disease. The treatment was, therefore, continued by advising the patient: 1. That the right to intellectual property, whether worth anything or not, is generally regarded as being more sacred than the right to any other kind of property, it is regarded as being as much more so as mind is superior to matter; 2. That all honorable men look upon plagiarism as a species of literary theft, for the commission of which no small degree of moral turpitude is required; 3. That all attempts by "*botanic doctors*" to use the theories of physicians of the regular faculty as their own, as having been first brought forward by them, will not fail to excite, in any one capable of appreciating literary labors, the most deliberate contempt. 4. That if the "botanic doctors" are unwilling to content themselves with the sufficiency of the theories of their former head and centre, Dr. Samuel

Thomson, viz., that "heat is life, and cold is death," it is their duty to come out and acknowledge this to the world, and cease all attempts to keep life in their cause by plagiarizing from the older theorists of the regular profession. 5. That the "*steam*" and "*pepper*" humbugs, notwithstanding all the trickery of their advocates in assuming new names, such as "*vegetable doctors*," "*botanic doctors*," "*reformed vegetable botanic doctors*," &c., are about to be recognized, by even the victims of the imposition, in their true character; and that in view of this fact, it would seem to behoove the fraternity to make preparations for returning to those avocations for the duties of which they are better qualified, and from which they have so suddenly and unceremoniously taken their departures.

The effect of this prescription upon my patient was most evident in the confused appearance of his countenance, which seemed to indicate that he had been before unconscious of this peculiar feature of his disorder, not knowing that such plagiarisms would exclude him effectually from the society of the learned and honorable.

I know not whether the treatment of this case produced any permanent amendment in the symptoms, for the patient became *impatient* and left without making a report. In good faith, however, it was conducted on my part, and the issue, as in other cases, time alone will make known, either to the relief, or, perhaps, to the aggravation of his malady.

Remarks.—Without doubt it is a question of no small importance, and yet undecided, whether the public good would be more subserved by paying no attention at all to cases of this kind, or by meeting them before the people and stripping them of those assumed pretensions by which the ignorant and credulous are deceived. We know, that to notice and refute the sophistry of their rotten system incidentally, imports to them a degree of consequence, which, however small, is economically used for the promotion of their cause; while to permit their boasting over the heads of physicians of having a superior system, and their traducing the practice of physicians, is calculated, if kept up without being refuted, to result in injurious consequences to both physician and patient. This being the case, we are of the opinion, that when they go spouting through the country on the merits of their system, as was done in the case which I have reported, and by an individual, too, who is to fill one of their professors' chairs this winter at Cincinnati, it is the best policy to meet them before the people and expose them. We have made the experiment, and, not only found that it was easily accomplished, but that it was also successful. The sophistry of their matter is so very flimsy, that it requires but little effort to make the matter appear in all its naked deformity, to the judgment of any community, having an ordinary portion of common sense.—*Western Lancet.*

CURE OF INCIPIENT PULMONARY CONSUMPTION.

The observations of Simon, Andral, &c., show that in the early stage of tubercular consumption, the blood corpuscles gradually diminish in number; this accounts for the early disturbed state of the digestion. Digestion may either be abnormal, as regards its influence on the blood and its secretions, or as regards the state of the proper organs. In the former case, the diet must be so regulated as to ameliorate the formation of the blood; in the latter, remedies must be applied to cure the diseased organs. Milk, and food prepared from milk, are the fittest forms of nourishment. Eggs are more difficult of digestion, on account of the albumen they contain. Asses' milk is preferable to common milk, on account of its abounding in sugar and extractive substances, and from the small quantity of caseine contained in it (which would be most apt to disturb digestion). Should this small quantity of caseine interfere with digestion, the whey of the milk is to be used, and amylaceous paps, prepared with milk and water, are to be substituted for the caseine. If the digestion is too sluggish to assimilate the milk, muriate or sulphate of soda is to be mixed with it (Seltzer or Roisdorf water may be used for that purpose). The *Kesselbrunnen* of Ems might also be used, if its excess of carbonate of soda be not too irritating to the lungs. Besides milk and amylaceous substances, those vegetables may be taken which contain little albumen or starch, but much sugar and oleaginous parts. Animal food, abounding in albumen, easily disturbs digestion; very fibrous food is too exciting; that which is fattish is better borne; gelatine is injurious. These views explain why milk, pap, animal fat, linseed oil, yolk of eggs, honey, &c., are recommended as domestic remedies against consumption, and, indeed, are sometimes used with great advantage. Frictions with oil, or lard, with baths, &c., are also useful, unless they check the moderate perspiration, which is often of some benefit in the first stage; cod-liver oil requires a good digestion, but is occasionally advantageous on account of the free acid which it contains. If we consider the quantity of watery, saline, fatty and glutinous substances, which are excreted through the healthy skin, we shall find it quite natural to suppose that the deranged activity of the cutaneous surface must have a great influence on the formation of tubercles. Flannel ought, therefore, to be worn all over the body (to prevent catching cold), and to be changed every two or three days. Excretion of the skin must be promoted, but not by diaphoretics, which would irritate the lungs. Stokes's liniment, consisting of oil of turpentine and acetic acid, operates both on the skin and on the mucous membrane of the bronchi; daphne mezereum, and issues, are likewise recommended. Regular intermittents check the formation of tubercles, whilst their too early suppression promotes tubercular deposition. If tubercles are already formed in the lungs, the circulation must be prevented from being either too rapid or too slow. In both cases, the deposition of tubercular matter from the blood would be favored: in the former by a too frequent, and in the latter by a too prolonged, contact between the blood and the lungs. Not only bronchitis, pleuritis, and pneumonia, but some other disease of the chest, promote and occasion tubercles. Great irritability of the heart and lungs sometimes produces tubercular deposition, and ought to be treated with digitalis, prussic acid, &c., or with the vapors generated from a mixture of belladonna and marsh-mallow leaves, laid on hot iron plates. Cold does not produce tubercular disease, but it favors inflammation of the tubercles when formed. Jeffrey's respirator is very useful in securing an uniform warmth of temperature. Great exertion, running, jumping, &c., cause dangerous inflammation of the tubercles. Emetics (sulphate of zinc, and ipecacuanha, āā twelve grains, according to Hughes) are very useful in the beginning of the disease, and ought to be repeated frequently. If tubercular consumption has been caused by trouble, want, self-indulgence, &c., country air, animal diet, riding, and so forth, are to be recommended. Also, the cortex chinæ, with sulph. aurat. If copious perspirations are combined with great weakness, and but little cough present, Graves's remedy is very useful. R. Infus. cascar. ℥ vij.; quinin. sulph., gr. ss.; acid. sulph. dilut., gutt. xv.; tinct. hyoscyam., ʒ ss. Two tablespoonfuls every three hours.

Frequent exercise, nourishing diet, a little old wine, but no tea. The remedies hitherto used, to remove tubercular disease, do not seem satisfactory. Iodine is more fit for scrofulous than tubercular consumption; sal-ammoniac increases the sputa without permanent relief; potash excites too frequent coughing. Hæmoptysis is sometimes a favorable effort of nature to discharge the superfluous blood, and ought not to be stopped too suddenly. In fact, the treatment must always be in conformity with the peculiar constitution, and the cause of the complaint.—*Nasse in Schmid's Jahrbach der Gesammten Medicin.*

THE COLOR OF THE NEGRO.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Since making a communication to your Journal on the cause of color in the human family, attributing it to the climate, or rather to the chemical action of the sun's rays, an essay on the same subject has appeared in the Journal by Dr. Slack, who attributes the variety of color to the "*physical latitude allowed by nature in the re-production of the human species,*" and not to the climate. As he had made his communication after mine had been received by you, but before it was published, I know not whether what I said was enough to convince him that I took the right position. But it must be admitted, I think, while he argues very justly, as regards the oneness of the human race, and treats with just ridicule the objection make to the skull, the hair, and the heel bones, the above phrase is equivalent to the expression, "I do not know for what reason a man is black or white, but because it is so, it is so"—giving nature the power to act arbitrarily upon the subject, making one man white and another black, as fancy might dictate, without regard to any established laws. Is it accident only, that the native rabbit changes his dark coat of hair in summer, for a white one in winter? or that the eider duck of the north is covered with down? or that the African dog has no hair upon his body? The last is a fact, of which I was not aware until a few days since, when I saw one at a friend's. His skin was black, smooth and glossy; but not a hair was to be seen or felt, with the exception of a few that might have been on the legs. Or is it an accident that a white man cannot live in the interior of Africa, according to Mr. Gliddon, more than five months? The question may well be asked, why so uniformly between the tropics, there are no native white races? while all the reasons may not be known, why there should be such a difference as there is in the temperate zones; yet manners, customs, habits of life, laws of descent, in conjunction with the climate, in the torrid as well as the temperate zones, may be a sufficient reason why there is a difference. In fact, it cannot be supposed there is anything left to accident in the matter; but that everything of the kind is governed by well-regulated laws; and I cannot but think that after a review of the case, Dr. Slack will come to the same conclusions to which I have arrived, viz., that it is the heat of the atmosphere, and the action of the sun's rays upon the body, connected with the laws of descent, that produce the various shades of color in the human family, and all for the purpose of keeping the body at a proper temperature and in health.

As a further evidence of the oneness of the human race, I here send you an extract from the Foreign Quarterly Review, which seems to show that the speculations that have been made in regard to the people exhumed from the Pyramids of Egypt, that they belonged to the Caucasian race, and not to the descendants of Ham, or of Ethiopia, are unfounded. There is nothing in their physical conformation, to have prevented their taking any position that circumstances might have called forth; and, undoubtedly, you will remember, that while Mr. Gliddon attempted to prove, by an ancient painting, that the negro style of dancing was the same 4000 years ago that it is at this day, and would argue from thence, that they then, as now, held an inferior position in society; yet at the same time, on the same wall, he exhibited four or five heads of the Pharaohs, who were of the Ethiopian race, and whose dynasty lasted as long as that of any other family in Egypt. The facts in the case, it is probable, were that there were at that time, as there are now, persons who danced and sung, others that labored, and those who ruled, and there was probably as much difference between the heads of one and the other as there is now. It is said, with what truth I know not, that the heads of the people in the west end of the city of London, are larger than those in the other parts of the city, especially the laboring portions. Phrenology testifies to the fact, that heads, like muscles, grow by exercise, and it is probable that the same warlike propensities, and the same political manœuvring, which exist now in the world, existed then. One family is up to-day, and another to-morrow: no one knows what a day may bring forth. And yet, because there is this difference in white people, we do not think of attributing it to a difference in the race, but to the circumstances by which they are governed. But to the extract to which I referred.

"According to the late researches of one of the ablest living anatomists, Prof. Tiedemann, who has with singular felicity been able to vindicate the uncivilized man's capacity for improvement, we learn that—1. The brain of the negro is, upon the whole, as large as that of the European and other races of men. Its weight, its dimensions, and the capacity of the cranium, prove this fact. Many anatomists have also incorrectly asserted that Europeans have larger brains than negroes. 2. The nerves of the negro, relatively to the size of the brain, are not thicker than those of Europeans, as Sœmmering and his followers have said. 3. The outward form of the spinal chain, the medulla oblongata, the cerebellum and the cerebrum of the negro, show no important difference from those of the European. 4. Nor does the inward structure, the order of the cortical and medullary substance, nor the interior organization of the negro's brain, appear at all unlike the brain of the European. 5. The negro brain does not resemble that of the ourang outang more than the European brain, except in the more symmetrical distribution of the gyra and sala. It is not even certain that this is always the case. We cannot, therefore, coincide with many naturalists, who say the negro has more resemblance to apes than to Europeans, in reference to the brain and nervous system."

And after a minute survey of proofs respecting the intellectual faculties of the negro, Prof. Tiedemann continues in the following words.

"The principal result of my researches on the brain of the negro is, that neither anatomy nor physiology can justify our placing them below Europeans in a moral and intellectual point of view. How is it possible, then, to deny that the Ethiopian race is capable of civilization? This is just as false as it would have been, in the time of Julius Cæsar, to consider the Germans, Britons, Helvetians and Batavians, incapable of civilization."

G. W. F. Mellen.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 23, 1844.

Copland's Dictionary of Practical Medicine.—After years of hope deferred, till very many, amongst whom, ourselves, began to doubt the probability of the re-publication of Copland's Dictionary in the United States, Part I. has positively made its advent at New York. Mr. H. G. Langley, a publisher of enterprise and respectability, has taken hold of the work in good earnest, and all confidence may be placed in his energy and determination not to disappoint the profession. Dr. Charles A. Lee, the American editor, will make such revisions and additions as the developments of the progressive sciences and the experience of judicious practitioners may furnish, and thus give, as far as possible, that perfectibility to the book, which the spirit of the age demands.

Without enlarging upon the character of Dr. Copland's Dictionary, the fame of which is universal, it is only necessary to announce the easy conditions on which every person may possess it, soon after it shall be completed by the author. It is to appear monthly, in parts of 144 finely-printed pages, in double columns. Twenty numbers are intended to make the work complete. Price 50 cents each—making the entire price ten dollars. Messrs. Jordan, Swift & Wiley are the agents in Boston. We all must do something to encourage the publisher in the undertaking.

Notes on Cuba.—Messrs. James Monroe & Co. have sent forth a well-written, carefully printed, and instructive book, by *A Physician*—bearing this title—"*Notes on Cuba, containing an Account of its early Discovery and early History; a Description of the Face of the Country, its Population, Resources and Wealth; its Institutions, and the Manners and Customs of its Inhabitants, with Directions to Travellers visiting the Island.*" No invalid who seeks the blissful climate of Cuba, should leave home without this best of all guides and counsellors. It answers every question, tells the prices of boarding at all points of the compass, designates the best houses in town and country, and really convinces the reader that the author is one of the most thorough men in Christendom in whatever he undertakes. We are delighted with the valuable contribution which he has made to history, as well as with the intelligence and good judgment he evinces as a physician. We should like to know to whom we are under obligations for the pleasure derived from these pages. The writer should not have withheld his name, since the work which he has sent forth would be highly creditable to any man. In recommending the *Notes on Cuba* to medical readers and voyagers, it would be unjust not to recommend it also to the whole reading community.

Jeaffreson on the Eye.—Has any one, on this side of the Atlantic, seen a bit of a book called "*A Practical Treatise on Diseases of the Eye*"—not long since printed in London? If so, an opinion of its merits is solicited. Surgeon William Jeaffreson had a kind of big-wig charge of the Bombay Institution for bettering poor eyes. On getting ready to return home, after practising five and twenty years, he made a book—as every one does after residing in that country—which was intended to give the best part of *fifty thousand* cases of diseases of the eye. He seems to have been well paid for his practice, besides having a present of three hundred guineas worth of plate from the Parsees when he bade adieu.

There is beginning to be a little quackery in the eye business abroad. The fact is, intelligent practitioners everywhere appreciate the great value of infirmaries, but it is too late in the day to make them believe that no one knows anything about the philosophy of vision or the diseases to which the organ is incident, but foreign book makers. Mr. Jeaffreson undoubtedly expects a lucrative practice in London—for the book is but an advertisement in its character.

French Commission of Lunacy.—In France, when a person has been arrested for any crime, of which it is supposed he is not morally guilty in consequence of insanity, the point is determined by a commission of medical men, and not by a court of law. The process, in essence, is as follows. The physician of the prison, together with the individuals composing the commission, who are conversant with all the phases of insanity, give the closest possible attention to all the circumstances of the case, and carefully analyze the criminal's deportment, general character, habits, propensities, education, lineage, &c., together with the object to be gained or feeling to be gratified in the perpetration of the offence of which he stands charged. When they are perfectly satisfied in regard to all those points, a report is made to the proper tribunal; and if the commissioners decide that the prisoner is insane, he is placed in a lunatic institution, and no further cognizance is taken of the matter by Government. On the other hand, should the report show that the offender was sane at the period when the act for which he is incarcerated, was committed, then he abides all the pains and penalties of a violated law.

After the practical advantages of this system have been thoroughly proved by the test of nearly twenty years in France, it recommends itself to the wise and humane consideration of legislators in the United States. We ought to profit by the experience of all civilized countries, and whatever promises to promote human happiness, even if it contemplates the physical condition of the most wretched class of criminals, should engage the profound consideration of men in all conditions of society.

Warming Houses.—There is a radical defect in the common method of warming apartments at the present day. The true principle has not yet been discovered. Since the introduction of salamander stoves into counting rooms, merchants lose their hair, clerks turn yellow, and the appearance of old age comes on too soon by many years. Dwelling houses are also defective in regard to the manner of warming them. The fact is, there is so much scientific *theory* abroad, that common sense is quite driven out of the way. Formerly, before the invention of stoves and furnaces, people had better complexions, better appetites, and better health. With the multiplication of these domestic comforts, wig-makers have multiplied, and so have diseases of the chest.

Aside, however, from all considerations of cost, comfort or economy, there is a general impression of the existence of a radical defect in the present system, which gives rise to a multiplication of new devices for warming dwelling houses. Stove patterns are as changeable as the fashions of a lady's bonnet. That which was excellent last season, will be utterly eschewed the coming winter. *Ventilation* is the desideratum; more vital air is required. People must breathe, and yet the stove-makers conduct their business without any reference to the lungs. The man who is so successful as to devise a plan for conducting off the vitiated air, at the same time keeping the temperature at a required degree for genuine comfort, will certainly confer a great favor on the age, and reap a rich reward for the invention.

Portable Vapor Bath.—Recommendation, from authority that commands respect, is abundant, to show that the apparatus invented by Mr. Hicks, of Middletown, Conn., is of peculiar value. Among the decided advantages which it possesses over its predecessors, is the facility with which sulphur, chlorine, iodine and essential oil baths can be administered. Messrs. Hicks & May, agents, who may be found in Franklin street, in this city, are always ready to exhibit the mechanism, apply any kind of bath that may be prescribed, or furnish individuals with the conveniences for doing it themselves.

Lithotomy twice on the same Person.—It is understood that the late Asahel Nettleton, D.D., of Connecticut, was operated upon twice, within a few years, by Dr. Knight, of New Haven, for stone. It is moreover said that there was a peculiar and altogether unaccountable tendency to the formation of calculi in that unfortunate gentleman, perhaps without a parallel. As the medical public will wait with some impatience for the facts from a veritable source, Dr. Knight would confer a favor by publishing a detailed account of the origin, progress and termination of the case.

The Gazetteer of Montreal.—Two Nos. of a folio sheet, published in Montreal, called the *Gazetteer*, which appears to be exclusively devoted to a local medical controversy, have been some weeks on hand. Supposing it probable that others would follow in an orderly course, no particular notice has been taken of the publication. But since the Gazetteer is probably suspended, it is quite proper to inquire what object was in view, who was the editor, and why it has been discontinued? A reply to Dr. Campbell, &c., about a case in controversy, the merits of which are very obscurely shadowed forth, occupy too much of both papers, for the taste of general readers.

While adverting to the Gazetteer, it occurs to us to ask what has become of the Medical Gazette of Montreal, the first Nos. of which were well conducted, and full of energy and good writing? If it has not stopped, the Nos. due this office have not been regularly forwarded—since only one or two specimens were ever received.

Non-paying Subscribers.—It will doubtless appear strange, and perhaps incredible, to that large and respectable portion of the medical profession who are in the habit of paying punctually for their periodicals, that there should be any considerable number of the faculty who will receive a medical journal year after year without taking any pains to pay for it. Such, however, is the fact; and though it is probable that *we* have had as little cause to complain in this respect as the conductors of any periodical of the kind in this country, yet in the course of the many years in which we have been engaged in the management of this Journal, we have seen enough, and lost enough, to convince us that there is a looseness of principle on this subject existing among a portion of the medical profession, as well as among other classes, which, notwithstanding the peculiar reasons which may be urged as a cause and palliation for it, is wholly unpardonable. We intended now, however, to allude only to the grievances of others. The proprietors of the Western Journal of Medicine and Surgery, at Louisville, Ky.—an excellent work, by the way—it appears have cause of complaint on this score; at least they indulge in it in no very unmeaning terms—as witness the following from their last No.

"We regret to find that, notwithstanding unusual expenditures upon the present volume of this Journal and its very material improvement, our subscribers have this year been more than usually remiss. We would give notice that all who may not remit promptly shall be forthwith and constantly harassed with every form of dun until they are worried out. Their names shall appear in a black list on the back of the Journal, and, simultaneously, they shall be called upon and persecuted by duns of every kind, travelling agents, local agents, constables, sheriffs and catchpoles. We are shamefully deprived of our dues, and we mean to have justice done us."

American Society of Dental Surgeons.—From the last No. of the Journal of Dental Science, we gather the following particulars as part of the proceedings at the Fifth Annual Meeting of this Society, which was held recently in the Hall of the Medical Department of the University of New York.

" The meeting was more numerously attended than any of the previous ones of this body ; and throughout the whole of its deliberations the utmost harmony and good feeling prevailed ; all seemed actuated by one common object, namely, the elevation of the standard of professional qualification, the suppression of empiricism, and the diffusion of a correct knowledge of the theory and practice of dental surgery."

" At 6 o'clock, the Society adjourned to meet at half past 8, at Dr. E. Parmly's residence, No. 1 Bond street, which, when it had convened, it proceeded to the election of its officers for the next ensuing twelve months, which are as follows, including the President, who had been elected in the morning :—Eleazar Parmly, M.D., *President ;* N. C. Keep, M.D., 1*st Vice President ;* E. Townsand, D.D.S., 2*d Vice President ;* John A. Cleaveland, D.D.S., 3*d Vice President ;* Chapin A. Harris, M.D., *Corresponding Secretary ;* Amos Westcott, M.D., *Recording Secretary ;* Chapin A. Harris, M.D., *Treasurer ;* J. H. Foster, M.D., *Librarian.*

" *Editors of the American Journal and Library of Dental Science.*—Chapin A. Harris, M.D., Edward Maynard, M.D., Amos Westcott, M.D.

" *Executive and Examining Committee.*—Edward Maynard, M.D., Edward Laroque, M.D., J. M. Peak, M.D., Oliver Holmes, D.D.S., M. K. Bridges, D.D.S., S. M. Shepherd, D.D.S., Leonard Mackall, M.D.

" *Publishing Committee.*—Lewis Roper, M.D., E. Townsand, D.D.S., H. S. Burr, M.D.

" J. H. Foster, M.D. was appointed to deliver the opening address, and the following gentlemen to deliver dissertations, at the next meeting of the Society ; viz., E. Townsand, D.D.S., E. J. Dunning, John Harris, M.D., J. M. Peak, M.D., and James Taylor, M.D."

Among the resolutions passed by the Society, was the following :

" *Resolved,* That the Recording Secretary be instructed to give written notice to every individual of this Society, charged by another member with plugging teeth with *mineral paste* of *any* kind, that the Society has pronounced the use of that class of articles for this purpose *malpractice,* and such member, thus charged, that this Society will act upon his case at its next meeting."

A New Medicinal Vegetable.—A curious instance of the *crossing of plants,* by which a *hybrid* was produced, which promises to be a valuable addition to the Materia Medica, was mentioned to us a few weeks since, by Mr. Babbit, of Union Village, in Warren county, Ohio. This gentleman informed us that having procured some seed from the dried pulp of the *cucumis colocynthis* of the shops, he was curious to try whether they would vegetate, and accordingly planted them in the neighborhood of some water-melon seed. They grew and produced the genuine fruit of the colocynth. The water-melons were excellent, and the seed of a number of them was saved for future planting; but next year, instead of water-melons, Mr. Babbit was surprised to find growing on the vines from this seed a *hybrid* resembling more in appearance the colocynth than the melon, having a shell capable of holding about three pints, and growing yellow, like the colocynth, as it ripened. The taste of the pulp was found on trial to be bitter, and on making an extract from it, this turned out to possess the cathartic properties of the colocynth. Mr. B. placed some of the extract in the hands of the physicians of Lebanon, who esteem it as equal to the genuine article in activity. In Union Village, Mr. B. informed us, that he had enough of the fruit growing this year from the seed of the hybrid, to make sixty pounds of the extract. No change has taken place in the fruit since the first year, the seed of the new plant having continued to produce a melon of the same appearance and qualities. Mr. Babbit has politely promised to furnish us with some of the seed of his new vegetable, and as he has an abundant supply, we doubt not it would afford him pleasure to furnish others with it also.—*Western Medical Journal.*

The Symptoms of the Second Stage of Cancer of the Stomach.—The symptoms of the first become more marked; nausea and vomiting, above all, grow more frequent, especially when the disease is seated at the pylorus, and the solids vomited are sometimes mixed with, or followed by, blackish matters, one of the almost pathognomonic signs of the affection. Emaciation, debility and languor increase rapidly; the color becomes truly cancerous, as already referred to. Gurgling of fluids may now be detected by pressing the epigastrium, and local tension or an actual tumor discovered there by manual examination and percussion. The patient ceases to enjoy any intervals of ease—his hours wear slowly on in unceasing suffering; nevertheless, the moral condition is so opposed to hypochondria, that sometimes patients have been known, up to the very day of death, to dwell on the chances of recovery. It is just, however, to add, that the cancerous sufferer is generally morose, sour, and anxious about himself, but still he is not, correctly speaking, hypochondriacal. The pulse is feeble and slow, the skin cold rather than hot, the power of re-action to produce fever seems wanting.—*Brit. and For. Med. Review.*

Tooth-powders.—Take *powder of red bark*, *bole armeniac*, sifted, of each one ounce; *powder of cinnamon*, half an ounce; *bicarbonate of soda*, half an ounce; *oil of cinnamon*, two or three drops. Mix. This is an excellent tooth-powder, unobjectionable in every respect.

Carbonate of magnesia may be substituted for the bicarbonate of soda, or precipitated carbonate of lime; but the solubility of the bicarbonate of soda renders it preferable.—*London Lancet.*

Test for Arsenic.—Dr. Baumann recommends, for detecting small quantities of arsenic, the suspected body to be triturated with from three to six times its amount of iron filings which have been exposed to a red heat, and are known to be free from arsenic, and heating the mixture on charcoal in the reducing flame of the blowpipe. Even with the smallest quantity of arsenic, the odor, at least, is disengaged.—*Chem. Gaz.* from *Archiv. der Pharm.*

Medical Miscellany.—Dr. E. Emmons and A. J. Prince are about publishing a scientific journal of agriculture, at Newburgh, N. Y.—It continues healthy at New Orleans and Natchez—The dysentery has been prevalent and fatal for the last two months at Milford, Conn.—All the Medical Journals in the United States, it is believed, have advocated the plan of memorializing Congress respecting the reduction of the rates of periodical postage. It is hoped that the subject will be taken up by medical men and others in every part of the country.—A shocking case of mal-practice has been the subject of judicial investigation in England, in which the surgeon, who was called to a woman in labor, is stated to have withdrawn from the vagina nineteen feet of the small intestines—the defence being that hernia of the vagina existed, and that he mistook the intestine for the umbilical cord. Verdict—*guilty*, and one month's imprisonment.—The colossal model of Æsculapius at Copenhagen, the last great work of Thorwaldsen, has fallen to pieces.—Typhus fever is quite rife at present in Berkshire County, Mass. The Pittsfield Eagle says there are fifty or sixty cases in Lanesboro', and throughout the Hoosac Valley the disease is very prevalent.—Gustavus M. C. Wright, Esq., died in Kent Co., Maryland, lately, in consequence of the bite of a spider. The wound was on the arm, which swelled severely, and finally gangrene supervened, but Mr. Wright refused to have the limb amputated, and consequently lost his life.—Part XIV. of the Cyclopædia of Practical Medicine is out of press.—Rev. Benj. Hovey, a Baptist preacher, at the age of 110 years, preached the last Sabbath in September, at Utica.—In Madison Co., Alabama, Andrew Martin, a revolutionary soldier, died on the 24th of September, at the great age of 117 years!—A second edition of Dr. S. G. Morton's inquiry into the Distinctive Characteristics of the Aboriginal Race of America, is published.—An epidemic disease somewhat resembling the St. Anthony's fire is quite prevalent in the north of France, and a great number of persons have died of it.—Several children in Hartford have been more or less poisoned with horse chesnuts, of late.

To Correspondents.—Prof. Gilbert's case of Uterine Tumor, Dr. M'Call's account of the Grippe as exhibited at the South and West, and Dr. Heaton's cases of Hernia, are on file for publication.

Married,—At Portland, Me., Dr. Alex. Parsons, of Eastport, to Miss Ann M. Bradish.—At Chambly, Lower Canada, Lewis M. I. Mignault, to Miss Josephine E. Hermilia de Porlier.

Died,—At Bedford, Westchester Co., N. Y., James H. Hart, M.D., 47, of New York.—In North Carolina, Dr. Levi Walker, a member elect of the Legislature.—In Portland, Me., Dr. J. N. Frink, surgeon-dentist.—At Indian River, East Florida, Dr. Moses Holland, formerly of Charleston, S. C., 60.—Dr. John Hallam, of England, well known by his practice and writings in connection with the treatment of Mental Diseases, died on the 20th of July, in the 81st year of his age.—Dr. Dalton, the celebrated chemist and founder of the Atomic Theory, died suddenly at Manchester on the 27th of July last, in the 78th year of his age.

Number of deaths in Boston for the week ending Oct. 19, 44.—Males, 19; Females, 25.

Of consumption, 4—sudden, 1—dropsy in the brain, 2—accidental, 1—old age, 2—typhus fever, 5—inflammation of the lungs, 3—scarlet fever, 4—disease of the heart, 1—hooping cough, 1—marasmus, 1—bowel complaint, 2—delirium tremens, 1—inflammation of the stomach, 1—gravel, 1—inflammation of the bowels, 2—lung fever, 1—convulsions, 1—croup, 3—fits, 1—jaundice, 1—infantile, 1—canker, 1—teething, 1—palsy, 1—unknown, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 17—over 60 years, 3.

Lithotomy.—" In my opinion," says Dr. Vidal, " the infiltration of urine is the accident most to be feared, after the high operation, and it is this which makes the greatest number of victims. Now, in order to avoid it, the cellular tissue must be rendered denser, and less permeable, before opening the bladder; and this may be attained, by dividing the skin and subjacent tissues, as deep as the bladder, and permitting a slight degree of inflammation to take place, ere the latter is incised. The first operation might be performed by means of caustic potass, or, according to Dr. Monod, with the bistoury. As to the different methods proposed, that of Lecal is most appropriate, when the calculus is small ; when voluminous, it is not proper; still, the operator must not make, as Cheselden recommended, a large incision, as *the size of the stone does not necessitate an increased length of the division in the bladder, but merely a greater number of incisions:* thus, for a small calculus, unilateral lithotomy should be adopted ; for one of a middling size, bilateral ; and, finally, for a very large one, quadrilateral. In the two last, after dividing largely the integuments in the form of a crescent, its convexity corresponding to the pubis, if the stone is not very large, two incisions must be made in the prostate gland, in the same direction as that of the skin ; on the contrary, when the calculus is very large, in addition to these incisions, two others must be made : the first on the left side, upwards and outwards ; the other, also, upwards and outwards, on the right side : the operation being, in this case, *bilateral externally, and quadrilateral internally*, and the removal of the calculus may thus be obtained without lacerating the parts." This method has been tried with success, by Professor Velpeau, and Dr. Guersant, jun. in Paris, and by Dr. Goyraud of Aix, Rolland of Toulouse, and M. J. Roux-Martin, surgeon in the Navy. Dr. Rolland inserted in the Journal de Medecine and de Chirurgie de Toulouse, August, 1837, a memoir, containing several cases, in one of which, from the bladder of a man, aged 69, two calculi were removed, weighing together 4¾ oz., and the largest presenting 66 lines in circumference. In another, the calculus weighed 6 oz., and presented 68 lines in its small circumference ; the patient was 84 years old.—*London Medical Times.*

Cyst of the Mamma containing Milk.—A woman, ætat. 26, the mother of four children, remarked, after her first accouchement, that a tumor began to develope itself in the right breast, which increased after each successive delivery, and, when pressed, milk flowed from the nipple. On her entry, at St. Louis, in one of Dr. Jobert de Lamballe's wards, the tumor was of the size of the head of a child, globular, indolent, fluctuating, mobile ; the skin, of a natural color, was thin and flabby. When on the point of operating, Dr. J. plunged a trocar into the swelling, and permitted a liquid to escape, which, on analysis, presented all the characters of human milk. Two semicircular incisions were made, so as to remove the parts of the skin which were too thin ; the cyst was next opened, when about a quart of milk escaped, and the sac was finally removed by means of the bistoury and scissors. The tumor adhered to the mamma superiorly and externally, and, when removed, milk was seen to flow from the divided orifices of the excretory ducts. On examining the cyst, after its removal, several of these ducts were found to open on its anterior, and, thus, the milk secreted was collected in the cavity. The wound healed promptly, and the patient left the hospital cured.—*Idem.*

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REMOVAL OF UTERINE TUMOR.

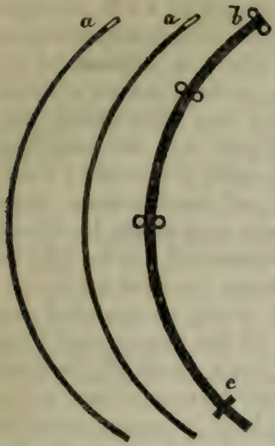
By D. Gilbert, M.D., Professor of Principles and Practice of Surgery in Pennsylvania College, Philadelphia.

[Communicated for the Boston Medical and Surgical Journal.]

At the request of Dr. W. R. Stewart, a highly respectable practitioner of Petersburg, Adams Co., Pa., I visited, in consultation with him, Mrs. P. of the same place, on the 26th of Sept. last. From the doctor, Mrs. P., and the mother of the latter, I gathered the following history of the case. The patient is 30 years of age, and has been married four months. Until the age of 22, she enjoyed the benefits of the pure air and healthful exercise incident to country life; her father having been an agriculturist. Up to this period she enjoyed uninterrupted health; removing to the village, however, about this time, and engaging in the sedentary occupation of bonnet-making, her buoyant spirits and ruddy aspect gradually gave place to a paler complexion, with occasional dyspepsia and nervous headache. She menstruated between the ages of 14 and 15 years, and experienced no derangement in this function until April, 1843, about nineteen months before my visit. About this time, without any apparent cause, at a regular catamenial period, she had an alarming attack of "flooding," accompanied by pain which continued for several weeks, leaving her in a very debilitated condition, from which she did not wholly recover during the following summer. In the fall and succeeding winter she in a great measure regained her health, the menses recurring at the regular periods, although the discharge much exceeded the normal quantity. In January last she had a sudden recurrence of the metrorrhagia, which prostrated her very much, and proved as obstinate as the first attack. It again yielded to appropriate treatment, however, but returned at intervals of two or three weeks, being irregular both as to time and the quantity discharged. Considerable pain in the loins, with dragging sensation of the groin, attended this second attack. Notwithstanding this irregular menorrhagic flow, her system again rallied, and she enjoyed tolerable health until the succeeding May, when she had a third attack of uterine hæmorrhage, with the usual accompanying symptoms. She now, for the first time, became the patient of Dr. Stewart. After an exhausting discharge of blood, which was arrested in a few days, she gradually amended, and recovered sufficiently to justify her in forming her matrimonial connection. The irregular and profuse discharge recurring, however, about two months ago, with other dangerous symptoms, the doctor was induced to propose an examination per vaginam, which was acceded to. Since this time, he has had the patient under constant treatment, the hæmorrhage continuing almost without cessation until the present time. There was no leucorrhœal discharge during the intervals between the menstrual or hæmorrhagic periods. Since May last, there has been a mucous discharge, which was usually tinged with blood. During the period of severe and protracted metrorrhagia, with the other symptoms there was great irritability of the stomach, requiring the most energetic means to allay it.

I found the patient confined to bed, much emaciated, face pale, sallow, and somewhat bloated ; skin dry and cool, occasional sensations of chilliness ; pains in the hypogastrium, loins and thighs, resembling those of labor, especially in their paroxysmal aggravations ; pulse 120, small and compressible ; tongue pale, covered with a thin white coat as if flour had been dusted over it ; breathing slightly hurried ; moderate pain in the head ; mind clear ; stomach disposed to be irritable, yet tolerating light food and medicine ; abdomen free from tenderness, except above the symphysis pubis, where the fundus of the uterus was perceivable, about the size of a very large orange. Upon making an examination per vaginam, my finger immediately came in contact with a large, smooth mass, resting upon the perineum, and filling the pelvic cavity wholly, so that it was with some difficulty that I passed it between the tumor and the parietes of the pelvis. This mechanical pressure of the tumor upon the rectum and urethra, occasionally had given rise to diarrhœa, and sometimes had rendered it necessary to use the catheter for the evacuation of the urine. From the fleshy feel and insensibility of the tumor, added to its white albuginous appearance as seen with the aid of the speculum uteri, I had no hesitation in pronouncing it to be *fibrous*. I introduced the greater part of my hand, and failed to reach the os tincæ, but refrained from any further attempts on account of the tender state of the parts. Following this, there was a discharge of fluid blood from the uterus and coagula from the upper part of the vagina. The profuse discharge of blood from her already debilitated system, added to her intense sufferings, justified me in recommending the removal of the tumor at once, although, from this state of things, I could not entertain very favorable anticipations as to the result. The case was fully stated by Dr. S. and myself to the patient and her friends ; the nature of the proceedings necessary for its removal explained, and the dangers to be encountered made known. Convinced that therapeutic remedies were of no service, and that the continued discharge would prostrate the energies of her system irrecoverably, she yielded her consent.

We decided upon the use of the ligature, considering it impossible, on account of the size of the tumor and state of the vagina, to adopt the method of excision so successfully practised by Dupuytren and others. For the same reason, none of the instruments heretofore used for applying and tightening the ligature could be used. I therefore devised an apparatus, consisting of two flexible curved wires, with eyes at one end, and a rigid wire with perforated shoulders, which answered every indication, a sketch and description of which I here furnish you.



a a. Two flexible iron wires, 1-16 inch thick and 10 inches long, each with an eye in one end. *b*. A rigid steel wire, 1-8 inch thick and 10 inches long, with three perforated projections on each side, for the wires and ligatures to pass through; and another projection to which the ligature is tied after it is passed around the neck of the tumor and brought out through the perforated shoulders of the steel wire *b*. The ligature is passed through the eye in each flexible wire, and then these are introduced together and the ligature carried around the neck of the tumor; the instrument *b* is then carried into the pelvis, the wires and ligature threading the lateral perforated projection, through which the former are entirely withdrawn, whilst the ligature is tightened and tied firmly upon *c*.

The construction of this apparatus delayed the operation until the 28th, two days after my first visit, when I found her still more reduced in strength, yet ready to endure the trials which awaited her. The ligature chosen was a whole skein of fine white sewing silk (fifteen strands), well waxed, and then oiled to make it pass easily through the instruments. To this was added, at the suggestion of Dr. Stewart, a strand of fine "cat gut." The instruments being armed with the ligatures, the patient was placed upon her back, across the bed, with her hips near its edge, as for the application of the forceps. The ligatured ends of the flexible wires were passed up behind the symphysis pubis, until they met with resistance, their convexity presenting anteriorly. The left wire was then given into the charge of Dr. S. until I carried the other around the right side of the tumor, keeping the concavity of the wire towards the tumor; giving this to the doctor, I then passed the left wire, in a similar manner, around the left side, bringing them in contact and parallel to each other in the hollow of the sacrum, projecting about two inches from the os externum. The neck of the tumor being thus surrounded by the ligature, the rigid wire was passed into the pelvis, and the other wires and ligatures withdrawn through its perforated shoulders. The ligature was then *firmly* drawn, and not increasing the pain, we felt satisfied that nothing but the insensible tumor was included, although the ligature was eight inches above the *os externum*. From previous measurement of the whole ligature, and the distance between the shoulders of the apparatus, from which we deducted the ends of the ligature, outside of the proximal shoulder, we ascertained the circumference of the neck of the tumor to be 9½ inches after the ligature was tightly drawn. The introduction of the instruments was attended with considerable pain, and accompanied by some nervous twitchings or spasms, owing to the exalted morbid [illegible]

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sibility of the vulva, vagina and uterus. After advising the exhibition of an anodyne and a digestible and nutritious diet, I left the patient in the hands of Dr. Stewart.

Sept. 30, 3 P. M.—Dr. S. informed me that soon after I left, although the anodyne had been given, the patient complained of considerable pain in the hypogastric and pubic region, to relieve which, in addition, he ordered rubefacient applications and gave laxative medicine which relieved the more urgent symptoms. The patient slept very little during that night. Next day she was tolerably comfortable, and with the usual anodyne slept part of the succeeding night. *Examining the patient*, found her with all the symptoms of increasing debility and constitutional irritation; pulse 145, small, quick, but not hard; some pain in the head, and an increase of pain in the lower part of the abdomen and pelvis. Abdomen more enlarged than at the last visit. Discharge from the vagina was of chocolate color, and exhaled a putrid odor, which we regarded as a sign of commencing gangrenous decomposition of the tumor, under the ligature. The ends of the ligature were again drawn (with all the force that it was thought capable of bearing) without any increase of pain to the patient, except that caused by the instrument, where it pressed upon the vulva, vagina, &c. The tumor under the ligature now measured eight inches in circumference. It was agreed that the anodyne medicine, &c., be continued, and that Dr. Stewart tighten the ligature next day.

Visited the patient again Oct. 3d, 10½ A. M. Dr. Stewart informed me that our patient had been very ill since my last visit; that he had resorted to such general and local treatment as the case seemed to require; that the catheter had to be introduced much more frequently than at any time previously, and that he had drawn the ligature one inch on the previous day. Found the patient suffering very much from an increase of pain in the abdomen, which was now so much distended as to be equal to the 6th month of gestation; general soreness over the body; pulse 140, rather fuller and more tense than at any previous visit; tongue covered with thick white coat; has had some thirst; skin warm and dry; breathing more hurried. Discharge from the vagina intolerably fœtid, notwithstanding every precaution to correct it. The os externum swollen and tender; touching the protruding extremity of the instrument gave increase of pain. Supposing the tumor to be deprived of vitality and in a decomposing state, I withdrew the instrument. This was accompanied by a discharge of fœtid gas and matter, which evidently proceeded from the uterine cavity, in which they had been generated by the decomposition of the tumor there. Being now satisfied that the abdominal enlargement was owing to *physemetra*, I suggested to the doctor that he should, as soon as he could, again visit the patient, introduce a large gum catheter for the purpose of evacuating the air and matter contained within the uterine cavity—to continue treatment, with the addition of dry cups to the sacrum.

Oct. 5, 11 A. M.—Met Dr. S. in his office, where he exhibited the tumor to me, informing me that it was expelled on the evening of the previous day, a little more than six days after the first application of the ligature. Previous to its expulsion he introduced the catheter and gave vent to a large quantity of fœtid gas, which was forcibly expelled, and followed by about two pounds of dark, offensive matter, containing flocculi or shreds of decomposed fibrous matter. The expulsive pains increased soon after this, and recurring at intervals, forced the tumor wholly into the pelvis, producing so great pressure upon the urethra that the smallest sized catheter could scarcely be passed into the bladder. These pains continuing, aided by the blunt hook in the hands of Dr. S., the tumor was forced through the vulva—a most offensive putrid mass, greatly reduced in size by sloughing and putrefactive decomposition. Its weight was found to be *three pounds.* Allowing that only one half as much as remained had sloughed and dissolved away, which is a moderate estimate, the original weight of this tumor must have been four and a half pounds.

Found the patient much better; pulse 112; pains relieved; abdomen reduced to the natural size, and the discharge from the uterus very trifling. I refrained from making an examination per vaginam, on account of the remaining tenderness of the parts. She had slept pretty well last night; has a desire for food, and the emunctories of the system seem to be recovering their normal condition.

Oct. 10.—Visited the patient, and found her improving. Since my last visit, Mrs. P. has had soreness of the mouth and throat, with a copious discharge, precisely as if she had been salivated; but not having taken any mercurial medicine that could have had that effect, and no mercurial odor being discoverable, we must look to some other cause for this unwelcome visiter. Upon inquiry, I found that there had been no discharge from the uterus for several days, and that it had been but trifling ever since the tumor came away. This, I suppose, affords a solution of the difficulty, for it is a well-established law in pathology, "that when an organ in which a particular matter had been generated from the blood normally, or for a certain length of time abnormally, is removed, or has its action suppressed, the matter will be discharged vicariously by some other organ." These symptoms have again subsided, and the patient may be considered convalescent. Made an examination, and found the vulva and vagina somewhat swollen and tender, and reaching the os tincæ (for the first time) found it closed and hypertrophied, as it is a few weeks after parturition.

The subject of uterine tumors has been presented to the profession very extensively by European practitioners within the last few years. In this country, judging from the comparatively few cases reported, this disease is met with very seldom; and this is the more worthy of remark, since by a comparison of the circumstances which influence the physical condition of females in the two hemispheres, a more correct ætiology may be arrived at, for it must be admitted that this subject has not yet been fully elucidated. Prof. W. P. Dewees, late of Philadelphia, whose experience, in all the diseases of females, was very great, had not met with a single case of uterine tumor, during thirty years of his practice; whilst Dupuytren, of Paris, operated in upwards of 200 cases in twenty years!! Others, such as Lisfranc, Boivin, &c., of the Continent; and Hodgson, Ingleby, Waller and Lee of Great Britain, have reported large numbers of cases; whilst the few reported in this country show an almost entire immunity from this disease on the part of American females. Supposing that reports of cases may prove useful, by furnishing data for future pathological investigations, I have sent you this case for publication in your valuable Journal, hoping, also, that some of its details may afford hints to the young practitioner when called to treat similar cases.

Gettysburg, Pa., Oct. 10, 1844.

SOME ACCOUNT OF THE EPIDEMIC "GRIPPE."

In a Letter from Dr. Alexander McCall, of Tennessee, to Dr. S. G. Morton, of Philadelphia.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—I will make a few suggestions in reference to the epidemic now called "the grippe," without inviting a high degree of confidence in the correctness of my opinions. It is now twenty years since my professional duties ceased. During that period, engagements have caused me to traverse the United States south of New York, the Lakes and Michigan, very extensively, my line of travel being above one hundred thousand miles. In a cursory manner I have had observation of numerous sporadic and epidemic forms of disease.

The *grippe* first appeared in the Mississippi Valley in 1832, as a concomitant of cholera Asiatica, and has been left as the legacy of that affection. Along the seaboard, main roads, canals, and steam lines, these diseases first extended; and from cities and chief interior hotels, spread over the land until few points have escaped their devastating influence. The cholera lost its distinctive features during the year 1833–34; but the career of the grippe is still onward, time after time revisiting the same districts. Both diseases with remarkable pliancy combine with all epidemics and other maladies, assigning to them some of their own peculiarities, and largely increasing the average of yearly mortality. Among one hundred persons promiscuously affected by *cholera* or *grippe*, about ten will be dangerously attacked, and three cases of the number will be fatal. The grippe is the more formidable disease, because of its more tenacious occupancy wherever it appears.

In cholera and grippe, an invariable incipient trait is inability of the brain, the spinal cord, the ganglions, and of the general nervous system, to preserve the electro-galvanic properties in a due state of *vitality;* the unity of action among the various organic functions is broken or arrested, often inducing death at the very onset of the attack. Reluctant as all should be to admit the contagious character of diseases, it must be confessed that during the inflammatory stage of *pulmonic grippe*, it is highly communicable in close rooms, and particularly to those having constitutional affinities with the sick. I cannot assume that all contagions were coeval with man's race, nor that any disease is transferable under all contingencies. Yet, it is certain, sound persons acquire special affections under appropriate circumstances from diseased parties, the effect being always more or less dependent on peculiar chemical results then and there accruing.

In Yucatan and Havana, on the departure of patients having pulmonic grippe, bedding and furniture are burned and the walls purified; and from a common-sense conclusion many travellers in the United States, for years past, have declined to occupy berths in steamers or beds in hotels, where the greatest precautions of cleanliness are not apparent. Every clinical observer must have remarked, that by placing his hand upon patients affected with typhus or acute bilious fever, with cholera, or yellow fever, very different sensations, more or less painfully unpleasant, are severally imparted to himself. This is no less true with regard to the febrile state of grippe; and besides this, a sensation of prickling resembling the crawling of insects is felt on the skin of a sound person coming in close contact with the fomites, or breath or continued touch of the grippe patient.

The *Analogues* of grippe and of cholera are not to be found in the modern types of disease in the United States, but must be sought for in frambesia of the West Indies, the chronic sore throat of Mexico, the elephantiasis and satyriasis of the African shores, and the milder form of the plague along the Asian coast of the Indian Ocean, or in the psuedo-leprous affections of the Levant. It is true, for a long time, among the blacks of the Southern States, a disease called African consumption has prevailed, which exhibits many resemblances to pulmonic grippe. I have, however, concluded that grippe is a disease *sui generis*, and that with all its aptitudes to modification from other maladies, it has power to preserve its own peculiarities. A distinguishing feature in the grippe is inflammation of the cellular tissue, *always* partaking more or less of an erysipelatous character. Purulent collections are diffused, and are rarely embraced in distinct sacs. In all mild and in many very severe cases, the mucous tissues become extensively inflamed, at first pouring out very white adherent mucus in extraordinary quantity; from the fauces tough white lumps are ejected, susceptible of rolling on the floor, and more tenacious than coagulated lymph or blood, and like newly-drawn blood give off a fleshy odor, and from the upper air cells very compact shot-formed parcels are copiously expectorated. Upon a partial resolution of the febrile action, the secretion becomes yellowish, dissolved, very thin and copious, both from the lungs and the Schneiderian membrane.

The patient is much inclined to sleep, and complains but little of the many urgent symptoms of his danger. Early after a chill, blood extracted is very thick and black, without buff. In later stages, especially if the body of the lungs is sustaining much danger, the blood becomes highly reddened, and is very serous, with few globules. In mild cases, the disease assumes the character of common influenza, subsiding in seven to nine days, but relapses are very frequent, attended with chills and disturbance of the brain and the respiratory functions.

Neuralgic pain, resembling that of *dengue* or tic douloureux, is a frequent symptom, as well as aching of the spine and larger bones. Often the nervial theca, constricted upon a nerve at its point of exit from some bone, causes tumefaction and intense local pain. When such constriction happens upon the optic nerves at their exit from the brain, the inflammation sometimes causes the rupture of the visual membranes within the first twenty-four hours. One or more of the limbs now become cold and rigid, with occasional severe muscular spasms, and soon delirium or intense stupor, attended with stertorous breathing, is the prelude to death. Partial blindness, with no little confusion of intellect for weeks or months, are symptoms of numerous cases which finally do not result unfavorably. The entire spinal column labors under disabilities, as also do the ganglionic structures, even when the brain seems but slightly affected, because the nerves for receiving and disbursing certain vivifying energies are impaired by thecal constrictions and sequential effusions.

Sometimes soreness of the throat, enlargement of the tonsils, suffusion of the eyes, with copious secretion from the lungs and fauces, attended by slight fever and hectic flushings, are precursors of a pad-like swelling reaching from ear to ear, involving the thyroid glands; and embracing the sympathetic nerves gives excruciating pain, with a sense of suffocation. The patient at times seems to forget to breathe, and soon mental aberrations are certain indexes of approaching danger. Pepper gargles and lie poultices will aid in effecting speedy suppuration of a diffused and erysipelatous kind, and frequent small abstractions of blood from the head and posterior neck should be resorted to. Blisters do harm. Tartarized antimony is necessary to allay the stomach if very irritable, or to arouse the intestinal canal from its torpidity.

Calomel and opium are of no avail during the inflammatory stage, and even subsequently must be used with great caution. The cerebral membranes are in a state like that occurring in badly-managed scarlatina, to which opiates seem not well adapted. Calomel given to any considerable extent under such concentrated action of disease is apt to increase the irritative fever, and very much impairs the subsequent sanative efforts of the mucous surfaces. Mercury also induces diabetes, which, prostrating the system, without separating from the blood the uric acid and other rough ingredients, very soon causes stupor, and whilst a bounding full pulse is felt, the lungs are in the act of ceasing to breathe.

The disease in its worst aspects of cranial and pneumonic danger occasionally varies by a transfer of inflammation to the stomach, and finally to the lower intestines. Now, the tongue becomes coated with a dense mucus, under which it appears very red, and towards the root assumes a dark livid hue. Yellow, green and coffee-ground fluids continue to be ejected for some days; and the bowels, during this period quite inactive, afterwards become painful from the quantity of retained mucus, and eventually (in most fatal cases) death ensues from copious discharges of red blood; from the kidneys and bladder, also, blood is in some instances freely thrown off.

The pyloric and cardiac portions of the stomach are sometimes nearly closed from muscular constriction and subsequent effusion into their coats. The cellular substance in *every part* passing through concentrated inflammatory action, seems peculiarly liable to suffer. Such typhoid indications will, under prudent management, never arise if the lancet has been early and sufficiently used. Cupping and leeching as near as possible to inflamed parts is very important. But the lancet can only be used, in many cases, after an equalized excitement, to some extent, has been effected by means of tartarized antimony. I have seen no one killed by the use of tartar emetic and the lancet, while many have passed to an early grave for the want of these remedies. The alterant and slow action of antimony seems to have some specific influence over the grippe. A cathartic composed of one eighth of a grain of tartar emetic, with as much colocynth and jalap as will cause active hydragogue effects, is a very indispensable auxiliary in the treatment, and all acids of the vegetable kind may be usefully employed.

But the grippe does its greatest execution by attacking the substance of the lungs. This organization conveys but little sensation of distress to the brain, until serious structural derangement has occurred. In the air cells effusion happens, and *clusters resembling ripe bunches of grapes rapidly forming*, destroy the patient without decay of the lungs or much expectoration, in the course of six weeks or at most as many months. The hectic fever, night perspirations and rapid diminution of the muscular system, are sure indications of early dissolution.

To some superannuated parties the strange excitations about the cerebellum and other nervoid connections, impart a renovation of ancient vigors. Many infants die under a species of tabes mesenterica, during which the brain, nervoid plexuses, the lungs and muscular system, undergo damages evidently of the grippe peculiarity.

Females from 12 to 18, and males from 18 to 24 years of age, are in most danger from the pulmonic grippe. Such parties, during the active inflammatory stage, should be put under a strenuous depletory treatment, and as early as practicable they should adopt a nutritious system of dieting, with as little use of any medicine as circumstances will permit. It is safer for such to wrap in warm flannels to be often changed, and even sleep nightly *in open camps*, than to occupy the best provided rooms without constant ventilation. Pills composed of oxide of bismuth, kino and parched rhubarb, sometimes arrest early diarrhœa with much advantage to the patient. The presence of several grippe patients in one room should not be willingly allowed in any case. In *a close, warm building*, the presence of six grippe patients, for one hour, might cause two thousand out of three thousand healthy people to feel the grippe within twenty-four hours. I deem it also certain that the effluvia from diseased parties becomes, through chemical agency, much more virulent in confined rooms, *for days and weeks after the patients may be removed*, if such apartments be not thoroughly cleansed by water, lime or other purifying agencies. Dr. Beddoes's pulmonic patients appear to have been mostly of the grippe order.

Very few public speakers or singers in the United States have not, for a time, had their voice more or less impaired by the grippe; and it is worthy of remark that suppurations within the ears, or about the exterior angles of the under jaws, rarely fail to relieve the impaired powers of the vocal organs. I have witnessed gradual and considerable waste of the soft textures about laryngeal parts, and at the same time the thyroid glands are apt to be found enlarged with an undeniably increased size of the superior cartilages belonging to the trachea. The process of rectification is of course very slow and gradual, and during these changes more or less ulcerations about the tonsils give rise in some instances to vague and wrong impressions that some former taint of the system is again re-visiting it. The tonsils, if much enlarged, should be cut off, and Fowler's solution as a tonic and alterant can be relied on with much greater security than mercury. The grippe is likely to be an abiding disease in our country, and it is my opinion that already several new importations from Havana and Yucatan have taken place since its first appearance. Some persons think the tracheal inflammation and pneumonic fever of 1814–15 in the British and American armies, near New Orleans, differed very little from the severer forms of the grippe. The disease here referred to, extended over the United States between 1814 and 1817, and was commonly called the *cold plague.* I esteemed that disease as an epidemic of atmospheric origin, and never depending for its extension upon human contagion. It was not more like grippe than was pure cholera or yellow fever, and many other affections wherein death ensues before a proper febrile re-action is established.

In grippe, during the early stages of cases not denoting danger, a surprising and irregular generation of electro-galvanic forces is manifested, during which the intellectual functions are much disturbed. Alternate unreasonable elevations and apathetic depressions of intellect may be observed, and many complain of absolute *electric shocks within the brain*, particularly about the instant the body is passing into the sleeping state—a sensation like the sudden breaking of a musical string in the brain, gives instant notice over the whole frame, not without alarm to the patient. The long continuance of such symptoms results in most distressing palpitation of the heart, with a growing consciousness on the part of the patient that he may shortly expect to die, *suddenly*, after the manner of apoplexy or epileptic dissolution of life. In this condition, want of exercise or *sleep* is no less dangerous than over-eating or excessive anxiety of mind. The intellect is weak, and must be constantly diverted from absorbing topics. Epsom salts have a kindly influence, and so have, also, cathartics of cream of tartar and jalap. Acids of all kinds are very ameliorating to such symptoms, while opiates and all stimulants, not carefully used, are absolutely dangerous. Above all things, let the honest practitioner convince his patient that but a small per centage of grippe cases demand the use of active medicines, and that much medicine in any case must be hurtful. Patients must avoid nostrums and quacks, as they would death, and either rely on the slow renewing energies of nature, or the cautious prescriptions and consolations which only the skilful physician can give them. Thousands of all ages, in the United States, have died within a few years past under that condition of brain here described. In the acute form of grippe fever, many die with convulsions most distressing to look upon.

Under the views presented, it is inferable that grippe is one of those maladies which can implant itself and constitutionally be manifested at dates several years apart. Admitting the general justness of the account I have so hastily and imperfectly given of this affection, it may be safely concluded, that it is far less dangerous than is smallpox, measles or scarlatina.

Will you give me your opinion, or the result of your observations, upon the grippe? Is it a disease new in this country, and likely to be perpetuated? or is it merely one of the forms assumed by ordinary epidemic pneumonia? The latter opinion is common among the western physicians. I have heard few admit that grippe is a disease of character distinct from the old and well-known epidemics of our country. During the last six years, and particularly the last three, grippe has certainly given a cast to many of our acclimated diseases, now difficult to be removed, and the effects of which, for years to come, will be most probably seen and acknowledged.

My chief reason for calling your attention to this form of disease, is the urgent necessity of arresting the late alarming extension of pulmonic fevers, and the increase of sudden deaths by cerebral disturbances. Let the obituary tables be examined, and all must see that renewed vigilance from our profession is called for towards the heavy proportion of deaths occurring by fevers of the brain and the lungs.

After ten years' observation, so far as known to me, no regular or systematized plan of treatment has been adopted by the profession for that state of disease we have designated as the grippe. The patients commonly die unexpectedly under a waiting system of therapeutics, or from the evil effects of reliance on calomel, opium, and very slight bloodletting. If death did not in so many cases suddenly cut off the grippe patients, suffering by cerebral sub-acute inflammation, an immense increase of insanity might now appal our country. As the disease becomes milder in its character, so many sudden deaths will not occur, and a consequent great increase of insane patients may be expected to stock the infirmaries or lunatic asylums.

Of all remedies for grippe, change of place and of clothing is the most important after the first ten days, during which time persons severely attacked could not with safety be in travelling condition. After ten days the contagious influence is lost, except in cases where the *lung is inflamed;* and in my opinion after five or six weeks even here the disposition to be communicated to others is mostly if not entirely lost. After any considerable part of the air cells become hepatized, there is no cure—the skin loses its smoothness and becomes anserinous—the cough has a sonorous brassy tone—the feet are tumid and *the heels very painful,* with many other symptoms craving after the end of life.

I am very respectfully yours, &c. ALEXANDER M'CALL.

N. B.—In Italy, centuries ago, grippe, or a disease like it, existed as a plague, and it seems to have induced the opinion that certain lues affections atmospherically accompanied it. This suspicion was founded on the mere similitude of glandular affections belonging to both diseases. Among the young classes of grippe patients, like suspicions, promoted by professional pretenders, have of late in this country led thousands to adopt modes of treatment highly injurious and most fatal in all forms of grippe disease of the lungs and head. This fact physicians of judgment may in most towns witness. For want of time and practical experience, I would under no circumstances discuss these subjects with any disputant.

A. M.

RADICAL CURE OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In addition to the cases of radical and entire cure of different varieties of hernia by surgical operations, which I have furnished for your Journal from time to time, I now report four other cases which I have treated according to the method explained in my first communication under date of Jan., 1843. The evidence which would and which should be most satisfactory and conclusive in regard to the practicability of the operation and treatment in question, must be found, if at all, in the results of that operation and treatment. Thus far they have been favorable. No instance of failure has occurred in my practice, as yet, where I have had full opportunity to carry out the whole treatment; and I think my experience is sufficient to justify me in expressing the opinion that in ninety cases out of a hundred of all reducible herniæ, a perfect cure of the disease can be effected by the mode of surgical treatment to which I have alluded. Yours truly, G. Heaton, M.D.

No. 7 *Winter street, October,* 1844.

Case I.—G—— C——, of Boston, aged about 20 years, of thin, spare habit, and of active life, applied for treatment, March, 1844. This patient had been afflicted for several years with oblique inguinal hernia of right side, and femoral or crural hernia on the other. His life had been in great danger but a few days before he came under my care for radical cure, from strangulation of the femoral hernia of the left side, which was with difficulty relieved by the taxis. It was found, on examination in the erect position, that the bowel of the right side had descended freely into the scrotum, forming an enlargement there of the size of a hen's egg; and that of the left, when the patient was directed to cough, of the size of an English walnut. Both herniæ now could be easily reduced when the patient resumed the horizontal posture. He had never worn a truss rightly fitted. The operation for radical cure was performed on both sides without any delay, giving but little pain, and without complaint. Two very light spring trusses were applied, which succeeded in retaining both herniæ within the cavity of the abdomen, and the patient was permitted to walk to his meals regularly. On visiting him from day to day, I found that the operation had produced the usual amount of irritation and soreness in the inguinal and femoral regions, to effect a reunion of the hernial openings. After a week or ten days he was able to return to his business; the external ring of right side was found, on close examination, contracted to less than its natural size, and unusually well defined by its thickened edges; that of the femoral region of the other side was completely obliterated by adhesions. I directed the patient to continue the use of the truss, as a precautionary measure, for a few months. For the last two months he has been in the habit of leaving off both instruments, more or less, and pursuing his business actively without accident or any indications of a return of his old difficulties. He is in fact perfectly cured.

Case II.—M—— B——, of Boston, aged 52 years, strong, muscular and quite fleshy, but of good general health, with the exception of an occasional attack of rheumatism, had been accustomed to active exercise, lifting of heavy weights, &c., in doing which on one occasion he distinctly felt something give way in his groin. He immediately examined the part, and to his surprise discovered a swelling in the scrotum of right side, half as large as the fist. He consulted a truss-maker in the city, who applied his usual remedy in like cases; but finding no relief, not being able to retain the protruding parts, for more than two or three hours at a time, he was induced by a friend to consult me, June 12, 1844.

From ten to twelve days transpired in preparatory treatment of fitting trusses, &c., before the desired retention of the protruding parts could be effected to entire satisfaction. The operation for radical cure was performed June 23, without much inconvenience to the patient. He was directed to lie upon his bed three days, getting up only long enough to take his meals and attend to the calls of nature. It was deemed absolutely necessary in this case to confine the patient to his bed, for a few days, in order to effect a complete retention of the hernial tumor, so that the curative process of adhesions might not be interrupted by the constant and strong tendency existing in the parts to protrude externally. There has been no descent of the hernial tumor, in this case, on the removal of the truss for two months past. It has been successfully and thoroughly tested for about that length of time (as the patient informed me yesterday that he had lost his truss, and had been obliged to go without one). He considers himself as strong as before the accident happened, and says that he performs the usual amount of labor and exercise without any inconvenience. The external abdominal ring is smaller, the edges thicker, and better defined, and it offers much more resistance to the finger than that on the other side.

Case III. is that of an infant of about 11 months, of delicate and feeble frame, belonging to Mr. W., of Boston. It had been ruptured from birth; congenital scrotal of right side. The mother and nurse found it almost impossible (as they stated to me) to keep the bowels retained within the cavity of the abdomen, in consequence of a severe cholera infantum which had set in, threatening the life of the child, and from the almost incessant crying, straining, &c. In this unfavorable situation I was called to see the patient for the first time. Believing, on close examination, that the life of the child depended on the reduction, retention, and final cure of the rupture, I was induced to take charge of the case. The contents of the hernial tumor were returned into the cavity of the abdomen, and retained there by the application of bandages; the operation was performed without further delay, which produced sufficient adhesion and consequent closure of the openings, effecting a radical cure in from three to four weeks from the day of the operation.

Case IV.—R—— H——, of Boston, aged 59 years; good constitution, accustomed during his whole life to hard labor; states that four years ago he ruptured himself on right side at hard lifting on board ship, and that three years ago he ruptured himself on left side. He says that he has tried a variety of trusses since the accident happened, all of which had failed in retaining the protruded intestine, but for a short period—that for the last year and a half he had suffered great pain while at work, from the constant protrusion below his truss—that he has, in fact, for the year past been obliged to give up hard labor and lifting altogether. Patient consulted me first in relation to his case, April last, and on examination I found him with two large femoral or crural herniæ. Not being able to effect retention by the means of a double spring truss, without laying him up from business, the operation for a radical cure was not performed at that time.

August 23.—Patient called at my office and requested me to give him the operation; that he was unable to do any work, so great were his sufferings from protrusion and excoriation of the skin produced by the truss. The operation was performed on both sides at an interval of one day, and patient directed to keep his bed in order to retain the herniæ within the abdominal cavity. The femoral rings or openings in this case, before the operation, were large enough to admit freely the finger by inverting the loose puckered skin which lay folded up. In about ten days from each operation, the hernial or crural rings or openings were examined carefully, and found to be closed. It was necessary to repeat the operation on the left side, the patient not being able to keep the bowel retained for the first two or three days, immediately after the operation upon that side. No signs of the herniæ or hernial sacs of either side can be detected at this time (two months since treatment was discontinued). He says he feels like a new man, and can perform his usual amount of labor with vigor.

LUNATIC ASYLUM IN HAVANA.

Near to the Campos Santos is the Lunatic Asylum, and I had so often heard of the filthy state of Spanish jails, &c., that I thought it was well placed so near to the cemetery that I had just visited. However, determined to attempt an entrance, I informed the keeper that I was an American physician, and wished to see the interior arrangements of the establishment. He politely invited me to enter, and putting on his coat, accompanied me through the different apartments.

The building was of one story, about twenty-five feet high, with a dead wall on the outside, and separated into three different sections, each opening into a central square, and communicating with each other by large doors, while lofty porticos formed around each square cool promenades. The sleeping-rooms were very airy and clean, and it was apparent from the number of beds in several, that many were not subjected to solitary confinement at night. There were, however, in smaller rooms sets of stocks, in which, as a punishment, four or five of the more furious were confined, some by one, others by both legs. They appeared sensible of the cause of their punishment and were quiet. One, however, had just torn in pieces a strong shirt which the servant brought to the keeper, who expostulated, rather than reprimanded him for having destroyed it. There was much kindness in his bearing towards the inmates, and from his benevolent countenance, I believe it was not put on for the moment, while under the eye of a stranger.

There was one, confined in a comfortable room, busily employed in writing petitions to a friend. He asked me if I were an Englishman, and gave me one to read. It was written in pure Castilian, and no one would have thought, that the brain which had composed it, and which could so sensibly comment on the acts of the insane around him, was itself deranged. It contained, however, one glaring mark of folly ; a request that his friend, on the score of his former intimacy and regard, should loan him a small sum of money. I begged him for the copy, but he brought me another, which he said was just as good, for which I paid his charge, one rial, amid the winks and smiles of the other insane inmates who had crowded around the window, and who seemed much amused at the delusion under which he labored, themselves well assured that their own brains performed their functions faithfully.

The third ward was appropriated to the colored insane, and here I found no material difference in the accommodations for Afric's sons from those for the whites. The yard was filled with clothes that had been washed, and were drying in the sun ; the keeper informing me that the work was done by the inmates every two days ; thus affording them an occupation, while it tended to preserve cleanliness. Next to this was a kitchen guarded by a bolted door, through a crack of which one hungry fellow was anxiously peeping at the preparing meal, but sneaked away when we approached, quite ashamed at having been thus surprised. There was a large pot of very white boiled rice, and another full of vegetables and meats, the favorite *olla podrida* of the Creole, though probably not as savory as that on private tables. Still everything appeared to be clean, and the two cooks were very enthusiastic in showing me the contents of the pots, one of them at the end asking me for a fee, for which the keeper reproved him. Around the paved yard was an open drain, through which rushed a rapid stream of water, quickly removing the refuse from the whole establishment, into the open sea ; while a bathing establishment, supplied by the same stream, offered that most necessary luxury to the inmates. Throughout the whole, an air of great cleanliness and comfort reigned.

On my return, in passing through the first ward, a fine-looking man, with an Anglo-Saxon face, was pointed out to me, who told me that he was a Welshman, and once the captain of a vessel. I congratulated him on his good quarters. "Ah! sir," he replied, "you would not think them such if you were in my place." He, however, acknowledged that he was kindly treated, and, with some hesitation, asked for a rial, observing that the times were hard. On giving a couple to him, the whole crowd of maniacs clustered around me, vociferating for their share; and one stout negro, who had followed us from his own quarters, finding that his demands were unheeded, became furious, and with threats and abuse followed closely behind me. The keeper informing me that at times he was dangerous, and advising me to take no notice of him, which advice I found very difficult to follow, we hurried out and closed the door in their faces. On re-entering his lodge, he asked me what refreshments I wished, and begging him for a tumbler of water, for it is usual to accept something, a refusal being almost a breach of politeness, I left him with many thanks for his attentions.—*Notes on Cuba.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 30, 1844.

Peculiarities of Vision.—A philosophical friend, residing at Hartford, Conn., says there is a little girl in that city, not yet four years old, who has been indulged for a year or two in *reading pictures*, as the mother calls it; and for some time past it has been observed that she can read them about as well when inverted as when right side up. The other day, on being required to picture a little girl on a black board, she made several attempts, but the last and best was upside down. It was made, too, with wonderful rapidity. A question has been asked, in regard to this child—is there any thing peculiar in the structure of her eyes? or is the power of drawing pictures upside down referable to accident, the power of habit, or innate perception of what the picture should be without reference to the position of the head or feet?

Printers read their type backward and upside down, and correct all proofs in that manner, without exciting surprise. Engravers cut letters and sentences backward, as well as forward; and map-makers probably can work the gravers backward best. Limners pay no regard to up or down, but draw and paint according to order or the promptings of their own genius. There are many trades followed, in which there is a complete inversion of things, and yet the eye takes no cognizance of the circumstance. In all these instances, the mind simply makes use of the eye to *perceive*, and corrects apparent mal-positions. The little girl alluded to has been practising with the pictures till she recognizes every line in them, let them be presented as they may. She draws, too, upon the same principle that the printer reads the inverted type—by a regular training to a particular process. She has probably made more pictures than our friend suspects. If she had never made a previous attempt, then it would be fair to conclude that the peculiarity, which excites his surprise, is referable to the brain and not in the eyes.

The Transylvania School of Medicine.—An extra half sheet of the Inquirer, from Lexington, Ky., has seven and a half columns exclusively devoted to the consideration of the present condition of the Transylvania Medical School. The article is signed by T. B. Pinckard, M.D., who appears to be actuated by a high and honorable motive. Dr. P. asserts that the School has deteriorated, and is still waning. After discussing a variety of topics collaterally connected with the character of the University, the writer finally imputes the difficulties with which the Institution has to contend, to the selfishness of one of the faculty, who has grasped, he maintains, too many of the loaves and fishes, having held on to two chairs, when all experience is in favor of sitting in one at a time. Dr. Dudley is represented as the cause of all the lost reputation—while the great public believe his name gave it much of the distinction it has enjoyed. Much is said of Dr. Bush's incompetency for lecturing on anatomy and physiology—a gentleman who undertook a part of Dr. Dudley's duties. Those who have left the board of faculty are represented as having done so in consequence of disappointment or disgust. Some fault is also found with the recent appointments.

We have recently been at Lexington, and although we inquired with considerable interest into the past and present history of the Medical Institution, we were not made aware that the case was so desperate as this extra represents. A screw is unquestionably loose, but how it happened, or what the effect may be on the future operations of the school, cannot be readily determined. That those who are most interested in the good name and future success of a school of such extensive influence as this has possessed for many years, should exert themselves for the preservation of its character, cannot be doubted. As there is strength in union, so there is wisdom in right action.

Patented Surgical Instrument.—Readers of the Journal may perhaps recollect an account that was published in our pages, about a year since, of an invention by Dr. Jarvis, of Conn., for reducing luxations, which was called an *adjuster*. Dr. J. has patented it in London. Within a few days we have seen a great sheet of parchment, containing letters patent from the patent office of Great Britain, attached to which is nearly a pound of wax in a tin box, on which is impressed the great seal of England. The cost was about 180 pounds sterling—being, at the present rate of exchange, not far from eight hundred and seventy-five dollars. Another was also received in town from the patent office of France, where Dr. Jarvis's agent also took out letters patent, that has cost a round sum. The adjuster had been previously patented at Washington. After having taken such precautions to secure to himself, from three or four governments, the exclusive benefits accruing from the sale, the presumption is conclusive that Dr. Jarvis expects the universal adoption of his instrument. In the first place, an active trade must be driven, to reimburse the inventor for a prodigious outlay of expense. But unless the price is much below that which was asked when the adjuster was exhibited to the profession of Boston, very few surgeons will feel able to have it. No one would think of doubting the utility of the machine, however much they might object to the cost. The fact is, the patentee must either sell for a reasonable profit, or suffer the mortification of seeing it in a measure neglected. A few wealthy operators and well-endowed hospitals might own one a-piece; but that is far from stocking the world with them, as unquestionably contemplated. In order to accommodate those of us who have limited means—being, after all, the class on whom the doctor must look for extensive patronage—the price demanded should certainly not be extravagant. A quick shilling is better than a slow pound.

Vermont Asylum for the Insane.—We learn from the Eighth Annual Report of this institution that there were remaining at the close of the last year, 136 patients ; admitted during the present year, 96—making 232 the total for the year. Discharged, 74 ; now remaining, 158. Of those discharged, 51 have recovered. Of those discharged who had been insane but six months, 89 per cent. recovered ; while of those who had been insane more than six months, only 34 per cent. recovered. Since the last report, the buildings of the Asylum have been enlarged by the addition of about sixty rooms, making accommodations for 200 patients. The income the past year has been $581 14 more than the expenditures. The Asylum Journal continues to be published in the institution, and affords great benefit to the inmates, by the occupation furnished and by the reading matter brought in, in the shape of exchanges with other periodicals.

American Books in England.—The London Lancet has favorable notices of three American books in a recent number. These works are Dr. Bedford's Translation of Chailly's Midwifery, Dr. Caldwell's Thoughts on Physical Education, and Dr. Sweetser's Mental Hygiene. Dr. Dunglison's Human Physiology, and Dr. Mutter's report of Plastic Operations, are also highly spoken of in the British and Foreign Med. Review.

Insanity.—An important medical convention has been held in Philadelphia during the past week, the subjects in discussion being in relation to the medical and moral treatment of the insane ; the construction and organization of hospitals for the insane ; the jurisprudence of insanity ; prevention of suicide ; statistics of insanity ; asylums for idiots and for colored persons ; and the prevention of insanity, and insanity in prisons. These subjects, after a full and able discussion, were referred to appropriate committees, to report at the present or a future meeting of the convention.

The different institutions for the insane were represented by the following gentlemen :—Dr. Ray, of the Maine Hospital ; Dr. Bell, of the McLean Asylum ; Dr. Woodward, of the Massachusetts State Hospital ; Dr. Stedman, of the Boston City Hospital ; Dr. Cutter, of a private institution at Pepperell, Mass. ; Dr. Butler, of the Hartford Retreat ; Dr. Brigham, of the New York State Hospital ; Dr. Earle, of the Bloomingdale Asylum ; Dr. White, of the Hudson Lunatic Asylum ; Dr. Kirkbride, of the Pennsylvania Hospital for the Insane ; Dr. Awl, of the Ohio

Lunatic Asylum; Dr. Stribling, of the Western Asylum of Virginia; and Dr. Galt, of the Eastern Asylum of the same State.

Medical Miscellany.—Dr. Brown, of this city, has removed his Orthopedic Institution from Pinckney to 49 Chambers Street, where we understand he has extensive accommodations for his patients.—Smallpox and varioloid are again prevalent in Cincinnati.—Dr. E. W. Green, of New Bedford, has been nominated as a candidate for representative to Congress.—The Herald of Heath, for October, says that a physician of New York, whose white head and trembling limbs give ample evidence of old age, has been committed to the jail limits by order of the chancellor, for non-payment of costs, which he was unable to pay.—The physicians of the Cincinnati Dispensary conduct a publication, says an exchange, called the Journal of Health. Why don't we have one?—An autopsy, in France, disclosed the fact that a man had lived thirteen and a half years with only the remnant of a spleen, no larger than a filbert, and yet he had been in excellent health. Thirteen years before, he was wounded in a quarrel, and the spleen being injured became gangreous, and being also protruded, was removed.—Dr. Wm. B. Carpenter, author of the System of Physiology, has been elected Professor of Physiology in the Royal Institution of Great Britain.—The complete works of the great Sydenham, edited by Dr. Greenhill, have been published by the Sydenham Society. No copies in this part of the world yet.—A skeleton of an animal, reputed to have been fifteen feet high, has been discovered recently at Independence, Warren Co., N. J., by Abraham Ayres.—The smallpox is raging at Falmouth, Jamaica, chiefly among the negroes lately landed from captured slave ships.—It is assumed that the yellow fever at Woodville, Miss., was introduced there from Galveston, Texas, by a travelling preacher.—Dr. Lewis amputated an arm at Braintree, Mass., last week, in consequence of its being shattered by the bursting of a gun.—The collection of surgical instruments brought out from France, by Dr. Bodinier, now of New York, probably exceeds that of any other surgeon in this country.—Dr. Charles H. Stedman is re-elected Superintendent and Physician of the Boston Lunatic Hospital.—A whole family was lately poisoned in London by the use of ornamental sugar, in the preparation of which the sulphate of copper was largely employed.—The London Lancet, which was greatly enlarged last year, is to be still further augmented in the capacity of its pages.

MARRIED,—At Deer Isle, Me., Dr. A. A. Herrick to Miss Sarah H. Spofford.—At Gardner, Me., Dr. Martin Gay, of Boston, to Miss E. Allen.—In London, Edward Hogg, M.D., to Miss E. Darkheim, of the United States.

DIED,—In Boston, Frederick Hartmann, M.D., 30, a German, who by honest, persevering professional industry, gained the respect of all who had the pleasure of his acquaintance.—At Lebanon, N. H., Dr. Phinehas Parkhurst, 85, a Revolutionary soldier.

Number of deaths in Boston for the week ending Oct. 26, 50.—Males, 30; Females, 20. Stillborn, 6. Of consumption, 6—cholera morbus, 1—intemperance, 3—typhus fever, 5—inflammation of the windpipe, 1—scarlet fever, 8—dropsy in the brain, 3—fits, 1—old age, 1—infantile, 1—inflammation of the lungs, 1—marasmus, 4—hæmorrhage, 2—convulsions, 2—lung fever, 1—canker, 1—debility, 1—syphilis, 1—dropsy, 2—erysipelas, 1—asthma, 1—child bed, 1—unknown, 3.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 21—over 60 years, 5.

The Northampton (*England*) *Lunatic Asylum.*—The Governors of this institution, of which Dr Prichard is the Superintendent, have lately had an unpleasant matter before them. It seems that a lady was admitted to the Asylum in a state of considerable excitement, being carried thither by Mr. Marshall, the house-surgeon, from a place in the neighborhood where her husband had recently left her, and from whence she had once escaped. She had been subject to flooding, and on her journey to Northamptom with her husband was otherwise sick and weak. On admittance, Mr. Marshall first placed her in a bath, and then put her to bed in a private room, and ordered beef-tea and brandy. She then had uterine hemorrhage, but during that day and next was quiet, took light food, and the first night slept well. The second night she was better, was locked up at half past 10, but the next morning at 7 was found dead by the nurse, in the same position as when left. Dr. Prichard was unwell, and had not seen the patient at all, but after death directed Mr. Marshall to examine the head, chest and abdomen. A rupture of the ileum, of the size of the little finger, was found, through which the contents of the intestines had escaped into the abdomen. Two feet of the small intestines were inflamed and ulcerated; there was chronic inflammation of the bowels, and the uterus was gorged with blood. The abdomen only was opened. Dr. Prichard was not present, but saw the body next morning and found the same lesions as Mr. Marshall. In the mean time the husband of the patient had arrived, and on account of his surprise and various rumors abroad, an inquest was held. The body was examined by two surgeons, but decomposition had advanced, and nothing new was elicited, and they did not find the intestinal rupture. The verdict of the jury was, that "the deceased died from rupture of the smaller intestines, but how such rupture was occasioned there is no evidence to the knowledge of the jurors." The remarkable features in the case were the absence of the violent symptoms which usually follow perforations of this kind, and of those also which accompany inflammation of the intestines. This might be accounted for by the insanity of the patient rendering her remarkably "tolerant" of disease, as is often the case with the insane. The chest and head, however, should have been inspected. At a meeting of the Governors a resolution was passed, blaming Dr. P. "for not having visited Mrs. Lindsey from the time of her admission to the time of her death, being two nights and one day, and also for having ordered the house-surgeon to institute a *post-mortem* examination without the knowledge of the husband, and for not himself assisting at the examination." Another charge against Dr. P. was that of intoxication, which it was alleged caused his indisposition, when the patient was admitted. This was not proved, although one or two witnesses stated that they had seen him at other times slightly excited, but not wholly from inebriating liquids. In view of the whole matter, the Governors, as we learn from the Lancet, passed also the following resolution—"That in consequence of the aggravated charges which have been brought against Dr. Prichard, it is the opinion of this meeting, that for the time to come there be appointed some medical visiter or visiters, who shall have authority independent of the superintendent of the Asylum, to inquire into the practice of the said superintendent, and the general treatment of the patients, and report from time to time thereupon to the committee of management."

Dr. Prichard has been six years at the head of the Asylum.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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DR. C. J. B. WILLIAMS'S LECTURE ON DYSPEPSIA.

WE have now to consider the subject of *dyspepsia*, or, as it is commonly termed, *indigestion*. You will find this state described under different forms, and arising from two opposite conditions; in one, from the stomach being too empty, and in the other from its being too full. The three chief varieties of dyspepsia, according to practical men, are: first, disorder of the function of the stomach, chiefly of an inflammatory kind; secondly, the atonic species, which is connected with a great degree of weakness in the organ, and in the function connected with it; and, thirdly, the irritable kind, that in which the nervous system is greatly excited, and the various symptoms which take place are of the nervous character. These three varieties, the inflammatory, the atonic, and the irritable, sometimes occur in a manner so distinct, as to justify the division which has been made of them; but in many instances, you find these different varieties run into each other, or become perfectly combined. Thus, for instance, the atonic variety usually arises from the food taken being either too hard to be digested, or the stomach being too weak to act upon it. But, if this continues long, the food acts as an irritating mass, and excites, not merely irritation or disturbance, but even inflammation, and thus the inflammatory form of dyspepsia becomes superadded. This is not at all an uncommon combination. Again, the inflammatory form of dyspepsia in nervous subjects sometimes passes into the irritable; that which is at first inflammation, often becomes, in nervous subjects, a sort of neurosis. Severe gastrodynia commonly occurs in the commencing stage of inflammatory dyspepsia. Still, however, making all these allowances, it is better in a practical point of view to group the different causes of indigestion into three classes: chiefly because the different forms require different treatment.

Firstly, the *inflammatory form:* this is a low degree of the sub-acute form of gastritis, in which there are symptoms of a low inflammation of the stomach; and this is particularly excited during the digestive process. The sensations complained of are: more or less heat, pain, and tenderness, chiefly at the epigastrium, or referred to the sternum; this is mostly felt after taking food. There is thirst, and the tongue commonly exhibits a red aspect, especially at the margin and tip, and the papillæ are elongated; it often happens that the tongue is white and furred, and sometimes it is smooth and red, with a tendency to be dry: again, it may be glazed, as if it had been stript of the epithelium which covers it; sometimes, it is smooth and dry in the middle, and furred on the outside. I have seen ulceration of the tongue in this variety of dyspepsia. The fauces, too, in this disease, are very frequently red, and the uvula is somewhat elongated. There is sometimes slight inflammation about the whole mouth, and the lips are parched and dry. The bowels are commonly confined, and, in most cases, there is, with this irritation of stomach, a tendency to vomiting. The urine is high-colored and scanty, sometimes depositing a considerable quantity of lithic acid. Thirst, and a slight amount of feverishness, come on during the periods of digestion; the skin is dry and hot; acid perspirations may take place at night, and the pulse is quickened; the circulation, though accelerated, is weak; the feet are cold, and headache is often complained of. These different symptoms are increased on taking food, more especially stimulating aliments, or hot drinks. Under these circumstances there may be an unnatural pulsation at the epigastrium, and pain, not only at this point, but likewise extending to the right or left hypochondrium, and the region of the heart, as well as the back, and the left shoulder-blade. The temper is commonly observed to be remarkably irritable, more particularly after meals, this being the period of the greatest discomfort. This variety is not so commonly accompanied by sour eructations and accumulation of wind, as the atonic form. It is apt to be attended by a disordered condition of the skin, and erythematous eruptions sometimes show themselves. Now, when these symptoms, which I have been considering, have continued long, and the strength has become greatly impaired, they are apt to pass gradually into those of chronic gastritis; in fact, organic disease appears to be a frequent result of the long continuance of inflammatory dyspepsia.

The chronic form constitutes one of the varieties of hypochondriasis. The causes of this form are sometimes merely temporary, such as excesses of diet, especially stimulating food and liquors. It is not uncommonly produced by excessive indulgence in stimulating liquors, especially by those who are not accustomed to them; and it is produced, likewise, by some of the common causes of inflammation. Hot drinks, in excess, have been known to produce it; and, sometimes, the sea air will bring on an attack of gastritic dyspepsia. Irritating medicines, too, have a similar effect in some cases. It is apt to occur in persons of plethoric habits, and not uncommonly in hysterical females, or in connection with amenorrhœa. This disease appears to be a kind of sub-acute inflammation. During the period of digestion, there is a greater flow of blood towards the stomach, than at other times, and this species of congestion, day after day, during the digestive process, keeps up the mischief.

The *treatment* is the same as for the slighter forms of inflammation; and, in a plethoric subject, it may be necessary to draw blood; but, as it commonly happens that the chief pain and discomfort are referred to the epigastrium, leeches, poultices and sinapisms, may be all that is necessary, where the patient is too weak to bear a great loss of blood; and these may be applied to the pit of the stomach, during the process of digestion.

Internal medicines are of considerable efficacy in relieving this tendency to excessive inflammatory congestion. Small doses of mild mercurials, once or twice a day; hydrarg. cum creta, or blue pill, combined with narcotics, such as henbane or hemlock, followed by small doses of castor oil, are of considerable avail in unloading the vessels of the stomach and the intestines; besides drawing off the excess of blood in these parts, they fulfil another indication—that of keeping the bowels in a moderately loose state. It is likewise necessary to moderate the action of the stomach, with cold drinks and alkaline solutions, and, if there be nausea or a tendency to severe pain, hydrocyanic acid may be added, with benefit, to the saline solutions. Mucilaginous drinks are useful in the same way; and iced or cold water, sipped frequently, is likewise of great utility. Sometimes, it is necessary to employ these during the digestive process, and sometimes before meals; or even the first thing in the morning. It is of the greatest consequence, in the treatment of this variety, to regulate the diet strictly, and to avoid stimulating food and drinks. Mild, farinaceous food, gruel, arrow root, sago, tapioca, &c., varied from time to time, sometimes in a more solid, and sometimes in the gelatinous state, and occasionally light puddings, may be given. For drink: barley-water, soda-water, toast-water, or whey, answer very well. It is always necessary, in these cases, to attend to the general health; there is generally a weak circulation, and the great object is to improve it. The patient should use constant exercise, avoiding cold winds, and taking care to clothe the body well. In chronic and old-standing cases, where the patient gets tired of medicines, considerable advantage is derived from sulphurous and saline waters; those of Harrowgate, and some other places. When the patient begins to be convalescent, he should gradually return to the use of animal food, taking care never to over-proportion its quantity or quality to the powers of the stomach: the return should be very gradual, indeed, to the use of stimulants.

The next variety is the *atonic dyspepsia*, called, also, *asthenic*, and which is attended by a loss of power in the stomach. This loss of power comprehends several kinds; there is not only a loss of muscular power, but a loss of functional power, from deficiency in the secretion of the gastric juice; and there is, also, disorder in the mucous secretion of the stomach. The symptoms of these cases are: frequently, loss of appetite; loathing and even nausea, or vomiting; the appetite is sometimes capricious, there being great craving, and still, at the same time, when the food is taken, there is a sense of great discomfort, with nausea and perhaps vomiting. There is also a feeling of weight in the stomach, and this organ cannot digest what is taken; there is, moreover, a feeling of distension after eating, obviously arising from flatulence. There are eructations, not only of gas, but also of solid matter and liquids, generally sour, though sometimes tasteless, and even saline. Muriatic and acetic acids mostly abound in these secretions from the stomach. The eructations that take place after eating very commonly contain acetic acid, and, in that case, a kind of fermentation takes place. Sometimes, the eructations consist principally of water, or a watery saliva, and diluted mucus.

The *waterbrash* is of this kind. Often there is a bad taste, and a disagreeable smell in the mouth; and sometimes the mouth is lined with a fur, which is very fœtid and offensive. These varieties of bad taste may occur chiefly after eating, but in some cases they are perceived when the stomach is empty. Sometimes eating removes a great deal of it. The tongue, in this variety of dyspepsia, is considerably altered, though not exhibiting the dark redness of the last kind; it is furred more or less, and covered with a thin whitish coat; frequently it is much swollen; the breath is often fœtid, and the bowels are commonly costive; the urine is high-colored and disordered: it is scanty and turbid, and sometimes loaded with urea, while, at other times, it is very clear; sometimes, there are phosphatic and other deposits found in it. The pulse is weak and usually accelerated; the extremities are cold, and the skin very moist, perspiration being easily produced. There is, commonly, more or less headache, vertigo, and an indisposition to exertion; in fact, general languor of the body and mind.

Now, this form of dyspepsia is usually connected with great debility of the stomach, and of the system generally. It occurs in cases of general weakness, where there is a state of anæmia. Sometimes, however, this affection is entirely local. Thus, for instance, a person who has had a surfeit, in whom the stomach is habitually weak or irritable, after taking too great a quantity of food, may have an attack of this species of dyspepsia, with many of the symptoms I have been describing. Very poor living, long continued, is apt to produce a similar effect. Hence, we find this kind of dyspepsia commonly occurring among the lower orders. Sometimes, too, frequent irregularities of diet, more particularly in persons of weak constitution, engender this form of disorder. It occurs most commonly in persons of weak and relaxed habits, as well from the causes I have mentioned, as from indigestible food, or food ill-adapted to the capacity of the stomach of the individual; and very slight causes will excite it again and again. Persons of very sedentary habits, who are closely confined in bad air, or are accustomed to intense mental application and great mental anxiety, thus exhausting the vital energies, are found to be very subject to this kind of dyspepsia. Circumstances which weaken the circulation, and long-continued neglect of the function of the lower part of the intestinal canal, are apt to promote the occurrence of these attacks.

You will, therefore, understand that this disease is essentially a weakness of the stomach as a muscular organ, but, more particularly, as an organ of secretion and digestion. The secretions of the stomach are, sometimes, imperfectly mixed up with the products of the disordered digestion. A variety of this kind has long been known under the name of pyrosis, or waterbrash: is is one of the varieties of diseased secretion, and is characterized by eructation of liquid. I need not consider it as a separate variety, because it is but one of the symptoms occurring in atonic dyspepsia. Sometimes this secretion takes place in such quantities as to merit the term of flux. Waterbrash occurs very frequently among the poor Scotch and Irish, who live on potatoes and porridge, and in others who are of a lax habit, and get their stomachs disordered from a variety of causes. Now, with regard to the *symptoms* of this affection: it may present itself under an acute form, and these acute attacks depend less on the permanent weakness of the organ, than upon the effect resulting from some recent agent; as, for instance, on some surfeit of food, or food of an improper character. Under these circumstances, when the stomach is very much disordered, and the tongue is greatly furred, much benefit is often derived from the exhibition of an emetic, which gives a stimulus to the stomach, clearing away the diseased secretions, and altering them in character. By this means, the stomach is enabled to recover its healthy tone. Purgatives are often useful, more particularly the bitter kinds, which are tonic to the stomach, and, at the same time, act as aperients to the canal below it. For instance, rhubarb and aloes, combined with magnesia and alkalies, are very useful. In anæmic cases, iron is the great remedy. There are, however, particular symptoms to be treated in indigestion, that are met with, perhaps, from time to time only. For instance, flatulence and heart-burn, when they occur, are commonly subdued by aromatics: as peppermint, sal-volatile, or æther, in combination with liquor potassæ, carbonate of soda, or magnesia. All these antacids and carminatives tend to counteract the flatulence. Nausea and bad taste are greatly relieved by mild salines: citrates of potash and soda, or tartarized soda; or some of these salines may, in certain instances, be combined with aromatic waters. I have occasionally found advantage from combining them with creosote. Seltzer water is also serviceable in these cases. In waterbrash, the nitrate of bismuth, given in doses of five to ten grains, with gum mastic and sugar, is a good remedy; and, if there is acidity, calcined magnesia may be combined with it. In case of nausea being present to a great degree, hydrocyanic acid may be given with much advantage. But, the most important point in the treatment is, to give tone to the stomach, to allay its excitability, and to get into proper action its secretory function. Now, this is done, perhaps, more effectually by diet and regimen, than by medicines; nevertheless, I have found tonic remedies often render very great aid. Dieting the patient is of great importance, and the stomach should have a proper degree of rest. Weak organs are not benefited by total rest, though, of course, they are diseased by too much exertion; the exertion should be moderate. It is, therefore, of the greatest consequence in the treatment of atonic dyspepsia, to give the meals at stated periods and fixed hours, keeping carefully to those hours, and taking care that the individual gives sufficient rest to the stomach and the whole system, to enable the digestive process to go on as favorably as possible. The stomach is to be, in a measure, coaxed to do its proper work. In atonic dyspepsia, instead of gruels and slops, you find some solid food agrees better, and you may commence with animal diet, in small quantities, with a sufficient mixture of farinaceous food: bread, not too stale, nor yet too new, and a little rice exceedingly well boiled. Rice should not be boiled in a cloth; that is a complete perversion of a very useful vegetable. A little cauliflower, and maccaroni, may be taken. The lean of a mutton chop, or a slice from a joint, when hot, often agrees very well, and may be readily digested, where more would cause a severe fit of indigestion, and where slops, or broths, &c., would but increase the malady. If this is not sufficient to sustain the patient, a meal of this kind may be made twice a day. Sometimes, meat at breakfast, either with tea or coffee, in moderate quantity, or even with cold water, is a good plan of diet. A stimulant is often very useful, and a little weak brandy and water may be given, but the quantity of liquid should not be considerable. Dyspeptics should dine at very regular hours; taking breakfast at eight or nine, dining at one or two, and introducing, between dinner and the next solid repast, a liquid meal, consisting principally of weak tea, and eating very little with it. A biscuit and a glass of wine answer very well between meals. It is a great mistake to suppose that the patient must be absolutely starved. You must draw out the powers of the stomach, by means of diet and remedies, taking care to avoid fresh causes of indigestion. It is highly beneficial to promote the general strength and health, by exercise of a moderate kind in the open air, but not immediately after meals. An hour or two after breakfast, and after dinner, exercise should be taken, but not to so great an extent as to produce fatigue. Lastly, the medicines should be of the tonic class: columba, cascarilla, and gentian, combined with alkalies, or mineral acids, whichever are found to suit best; for, a constant rule cannot be laid down. It is of the greatest consequence to ensure regular evacuations; and if the tone of the stomach is not restored by the plan of diet before alluded to, it is much better to take some gentle saline aperients. In many instances, it is necessary, where the patient will not submit to diet and regimen, to resort to mineral or saline waters. The chalybeate waters of Cheltenham, and Tunbridge Wells, are very often useful.

The irritable form of dyspepsia is known by various names: such as, cardialgia, gastrodynia, gastralgia; it is a morbid sensibility of the stomach, with nervous dyspepsia, and presents chiefly the following symptoms: pain, uneasiness, and unpleasant sensations, referred to the stomach, the sternum, the left side, and the back, sometimes radiating to the arm, and occurring mostly after food; but, in some few instances, without taking any food at all. In these cases, although there is a great amount of pain and constant tenderness at the pit of the stomach, there is no increased heat of the skin, nor is the pulse quickened to any considerable extent. The pain is frequently relieved by pressure, and by hot liquids, or various circumstances which would exaggerate the symptoms of the other forms of dyspepsia. The pain is sometimes very severe, coming on in paroxysms, affecting the back and the chest, constituting gastrodynia and gastralgia, in its highest degree, and sometimes, also, occasioning difficult breathing. At times, there are nervous symptoms, and pain in individual parts—sympathetic irritations: as, palpitation, asthma, cough, pains in distant organs, cramps, twitchings of the face and lips, and so forth. Here, we have the nervous sensibilities called into action by the imperfect function of the stomach. There is, sometimes, connected with this form of dyspepsia, great mental depression and even despondency; and the more intense form of this disease constitutes hypochondriasis, or melancholia; in the one case, the patient describes his symptoms with tedious minuteness; while, in the other, the spirits are greatly depressed, and the individual is unable to refer his complaints to any particular organ. The appetite, in this variety of disease, varies; sometimes it is most enormous, and, occasionally, the patients fancy they can eat all sorts of unwholesome things. The pulse varies very much. The tongue is clean, or else there is a thin fur upon it. The patient is often very tremulous, and there is but little thirst. The bowels commonly are costive, but the evacuations are not disordered in appearance. The urine is generally copious, as in many other nervous affections; sometimes, however, it is rendered turbid by a deposition of the phosphates. The causes are those of indigestion, affecting nervous subjects, especially in such as labor under nervous symptoms in other parts. There are often found, in connection with this state, symptoms of spinal irritation, and tenderness in the situation of the middle or lower dorsal vertebræ. This variety may run into the other forms.

Now, the *treatment of this affection* is much the same as for atonic dyspepsia. Nitrate of bismuth, and hydrocyanic acid, are useful where gastralgia is present; when the nervous sympathies of the stomach (as palpitation, &c.) are exalted in a high degree, narcotics, such as stramonium, belladonna and opium, are very serviceable. In a less degree, alkalies are useful, particularly liquor potassæ and lime water. Mustard poultices give great relief. As more permanent remedies, to deaden the nervous sensibility, nitrate of silver, or sulphates of copper and iron, in various proportions, are found to be of very great efficacy. It is of great importance, in these local nervous diseases, to improve the general health and the tone of the vascular system, by taking exercise in the open air.

Now, there are some analogous affections to these, occurring in the duodenum, and which require a little consideration. When they are combined with the affection of the stomach, the symptoms presented by the latter are somewhat modified. There is, sometimes, disorder of the liver, and of the hepatic system, and there exists pain to the right of the epigastrium, and uneasiness felt after food. The fæces are apt to be discolored, and the secretion of bile is more or less wanting. The appetite is, in some cases, good, and there may be no uncomfortable sensation immediately after eating, but it is felt two or three hours subsequently. There is seldom much fever present in this variety of duodenal dyspepsia. There is headache and vertigo, and sometimes giddiness and faintness are felt. If this disorder continue long, it is apt to produce cough, palpitation, jaundice, and disorder of the secretions generally. The urine then becomes thick and high colored, and tinged with bile; the tongue is furred and of a yellowish tinge, and often presents a patchy appearance; sometimes there is vomiting, and the skin exhibits a morbid aspect. This disease occasionally leads to tuberculous cachexia, from the imperfect action of the liver, and subsequent disorder of the general system. The causes of this, and other similar affections, are: bad and indigestible food, passing into the duodenum in an undigested state, and there causing irritation; hurried eating; and acute attacks of duodenitis. These attacks are not uncommon in persons of sedentary habits.—*London Med. Times.*

DESCRIPTION OF AN ORPHAN ASYLUM IN HAVANA.

I HAVE already made mention of some of the charitable institutions of Havana, but the one most honorable to the feelings of the Creole is a kind of orphan-house, named the Real Casa de Beneficencia. It was founded, or rather translated to the present site, in 1794, amid an imposing ceremony, a record of which may be found in an old oil-painting suspended in its hall of administration. Under the guidance of its presiding director I was conducted through all its departments, beginning at the one for the reception of insane females, for the institution does not confine its care to destitute children. Their dwellings consisted of a number of rooms, in front of which a wide piazza extended its inviting shade, and a spacious yard offered the means of exercise. About sixty-five were here confined, of whom not more than a dozen were whites, the rest being of every shade from black to brown. Nearly all were walking about the yard or through the dormitories, and talking to the idle wind. There could not be a happier set of lunatics; all their wants were supplied, and they were subjected to no medical treatment when in ordinary health, and had no fear of shower-baths, bleeding and cups.

I could not learn the correct number cured by this rude treatment; but several were annually thus relieved of their infirmity, probably, chiefly from the absence of its exciting cause. A few were insane on religious subjects; of these, one, a pretty young woman, received us very courteously, and with such a constant simper, that it was hard to keep our own countenance. Another, a beautiful girl, with a pensive look, answered rationally all our questions relative to her physical health; but the settled gloom dwelling on her face told of a "worm that dieth not." I must not omit to notice a stout, old negro woman, who was bustling about everywhere, and who, on being introduced to me, was at once quieted by my inquiries in English of her home. She replied hurriedly, "I am from Charleston, I belonged to Mass John Wragg, he sold me to Sam Ferguson, and then little John Miller, who kept a boarding-house, bought me." I tried to learn how she had eventually come here, but she flew off to subjects that induced me to quickly part company with her.

We next proceeded to the boys' department, passing through their dormitories, long, high, well-ventilated halls, cleanly swept, in one corner of which the cots used at night were placed away. The eating room contained a spacious table, covered with clean crockery, and knives and forks for more than a hundred, with long benches placed by it ready to receive the eager throng. In the school-room we found 150 boys from 7 to 12 years, engaged with their books, silently conning their lessons. At a signal from the teacher they all rose when we entered, resuming their seats only when directed to do so by the gentleman who accompanied me. One class was engaged in parsing a sentence written with chalk on a black-board, giving first the definition of each word; they seemed to be well prepared, and proceeded without any promptings from the teacher. With the exception of the usual pallor observed in children congregated in large numbers, there was no appearance of ill health among them.

Their infirmary, which we next visited, contained only six patients, none of which were very sick, and the nurse told me that twelve was the largest number that had been there at any one time. I could not refrain from patting the head of one retiring, modest little fellow, who was a convalescent, and asking his name. With flushed cheek, proud of the notice I had taken of him, he told me it was Antonio Valdez; in itself a history of his origin—Valdez, the name of one of the oldest families of Spain, being conferred on all nameless, illegitimate children brought to the foundling hospital.

Our entrance into the school-room of the girls created quite a sensation among the scholars; one drew a loose kerchief around her bare shoulders, another arranged a stray lock of hair, and all changed their easy posture for one erect and prim, while the buzz of a general whispering pervaded the large apartment. My conductor was an elderly gentleman with a most benevolent expression in his face, and he had a kind word to say to each class; often asking who was at the head, when the downcast looks of the one would tell before her smiling class-mates could point her out. They numbered about 150; very few of them were more than 13 years old, those above that age generally accepting situations as seamstresses, &c., in private families. It was pleasant to look on so many tender minds snatched from poverty and all its temptations, and to reflect that their very destitution had been turned into a blessing.

The institution was at first intended only for girls, and by its rules three years' residence within its walls entitles each on her marriage to a dowry of five hundred dollars. I asked my conductor how they got sweethearts; but he pointed to the grated windows, opening on the streets, and said many a sly token had found its way through those iron lattice frames, adding, no girl in love ever failed to let the loved one perceive her passion;—he had never travelled out of Cuba. Most, however, become engaged after they enter the service of a family, which may be one inducement to leave the institution early, for they can remain there until 21 years of age.

In the female infirmary seven were seen on clean beds, apparently with every comfort about them. One had her cot removed to the extremity of the long room, and separated from the rest by a screen. She told us she was much better, and was getting stronger, but the nurse significantly pointed to the bloody sputa; and her attenuated frame, her burning palm, and hectic flush, told too plainly that consumption's blighting touch was fast loosening the "silver chord," and that ere long would "the golden bowl be broken." This disease, when it originates in Cuba, runs its course so rapidly, that the Creole might well be pardoned for his belief in its contagiousness. So strong is this belief, that in private families, the clothes and bedding of the deceased, and even the plates, spoons, &c., used by him while sick, are destroyed. The physician now entered, to whom I was introduced by a professional friend accompanying me. Leaving the hopeless case around which we had met, he brought to me a delicate-looking girl, whom, he told me, he had cured of the same affection, showing me the numerous marks on her chest of the cups he had applied. She was but 12 years old, and possessed those characteristic features of Spanish beauty, the full dark eye and the long silken lashes; there was, moreover, so much of native dignity in the expression of her countenance, that although she was but a child, my voice insensibly assumed a tone of respect, as I asked her the history of her case. With regret I saw that I could not coincide with the favorable opinion of her Physician, and foresaw that the unerring shaft would, ere long, lay prostrate her exhausted frame.

The children, who are all whites, are received after the age of six years from the foundling hospital and other sources. The boys are kept until 15 years old, and are then indented as apprentices. In 1842 a proposition was made by Monsieur Antonio Cournand, a student of the high normal school of Paris, and tutor in this institution, to educate the more intelligent boys for schoolmasters, to supply the schools on the island. It was gladly agreed to by the trustees of the school, but the early death of the proposer has, for the present, unhappily frustrated the completion of the design.

In addition to the departments already described, the institution embraces also one for white female paupers, another for the free colored, and one for indigent men. The lunatic asylum, mentioned in the first pages of this work, is also a part of it. It contains besides a place for the confinement of slaves arrested for crimes, from which it receives a considerable income, in the charges exacted from their owners for their lodging and board.

The capital of the Casa de Beneficencia amounted in 1832 to $262,505, and by the report for the year 1842, read by its Secretary before the Patriotic Society, its income for that year was $86,407, and its expenses $86,262. Of this sum $3,300 were for six dowries, and an additional one bestowed during that year. In the girls' department 22 had been admitted, 20 had been placed at service in private families, 2 had married, and 2 had died. In that of the boys 33 had entered, 30 had returned to their friends, or had been indented, and one had died; 156 were left, and of the girls 151. In the Lunatic Asylum 54 had entered, 28 had left, and 11 had died, leaving 130; while in the female insane department 19 had entered, 12 had left, and 7 had died, leaving 63. Of the paupers 32 had entered, 26 had left, and 7 had died, leaving 39. The whole establishment gives shelter to 604 individuals, including 49 negroes of both sexes, and 16 slaves belonging to it. Well might the Habeneros be proud of this monument of their charity, unexcelled as it is by any similar institution in other countries, in the liberality of its regulations, and the care it bestows on its inmates.—*Notes on Cuba, by a Physician.*

THE CURIOUS ADVENT OF TOBACCO INTO ITALY.

By Stephen J. W. Tabor, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

In the year 1589, Cardinal Santa Croce returned to Rome, from his nunciature in Spain and Portugal, carrying with him the "holy plant," and thus under the protection of a dignitary of the Church, tobacco made its advent into Italy, where it was received, as it had previously been in France and England, with satisfaction and delight. Another Italian legate, however, divided the laurels of the pope's nuncio. This was Nicholas Ternabon, who was contemporaneous with the Cardinal Santa Croce in introducing tobacco into their native peninsula. Ternabon was legate in France, and carried the herb from thence. The Italians gave it designations from the circumstance of its introduction by both these persons, calling it after their names. Some gave it the appellation of the "holy herb" and the "sacred plant," while others styled it "buglose" and the "antarctic panacea."[*] Poets celebrated the epoch, and Castor Duranti composed a poem, full of praises of the plant, in which he likens the Cardinal Santa Croce's exploit of bringing home tobacco, to the feat one of his progenitors had performed in procuring the wood of the *true cross*, of which Erasmus somewhere jocosely observes, that enough bits of it were sold here and there, as relics, to build a large ship of the line, were they all collected together. The tone of Duranti's verses may be seen from the following specimen:—

> "Hanc Sanctacrucius Prosper quum Nuncius esset
> Sedis Apostolicæ Lusitanas missus in oras
> Huc apportavit Romanæ ad commoda gentis,
> Ut proavi Sanctæ lignum Crucis ante tulere
> Omnis Christiadum quo nunc respublica gaudet,
> Et Sanctæ Crucis illustris Domus ipsa volatur
> Corporis atque anima nostræ studiosa salutis."[†]

I shall venture to add a versification of my own, and ought, perhaps, to apologize for closing with four original lines, to avoid too abrupt a termination:—

> When Santa Croce, by the Pope's command,
> Was Nuncio in the Lusitanian land,
> The sacred herb he from that country bore,
> And brought it first to the Italian shore:—
> Thus on the Romans blessings he bestowed,
> Such as of yore from his forefathers flowed,
> For years gone by their zeal transported here
> The holy Cross to Christendom so dear;
> Hence this illustrious House won well-earned fame,
> And from the holy Cross received a name.
> Our bodies, like our souls, their cares sustain,
> And both they guard from grief, despair and pain:
> The holy Cross brings Heaven to our sight—
> Tobacco lulls our senses with delight;
> By one our spirits gain a world of bliss—
> The other makes a paradise of this!

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[*] Dictionnaire Botanique, par le Citoyen Lamarck, p. 477.

[†] I have never seen Duranti's entire poem. It is published in Prosper Mendosius's "Bibliotheca Romana, seu Scriptorum Romanorum Centuriæ X." Rom. 1682 et 1692, 4to. There is not, probably, a copy of this work in America. Bayle, in his General Dictionary Historical and Critical, vol. ix. p. 68 of the London translation (1739, 10 vols. fol.) makes a long citation from the Italian poet's eulogy of tobacco, and from the verses he quotes I have extracted the lines above.

In the same poem he describes the excellent qualities of the new herbal acquisition in a tone of eloquence and sublimity fully equalling the "thoughts that breathe and words that burn" in the newspaper advertisements setting forth the virtues of *Brandreth's pills*, the *matchless sanative*, or that "*most valuable discovery in all the variety of disease both acute and chronic*," which "Lawson Long, M.D.," of Franklin County, in this State, recently announced in the Franklin Democrat, as continuing "to cure all cases *curable*, and to improve all cases *susceptible of improvement!*" But not the wonderful powders here spoken of exceeded the puissant ability which Castor Duranti claims for the Santa Crocian vegetable. Quacks, whether of Franklin County or the renowned city of notions, might draw from it choice extracts to garnish their truth-telling advertisements and singularly modest placards. The subjoined quotation will show how the Virginian *vppowoc* figured in Latin verse, when it reached the classic city where Virgil and Lucretius had sung, and became capable of curing as many diseases as the Life Pills or the Long Powders.

"Nomine quæ Sanctæ Crucis herba vocatur, ocellis
Subvenit, et sanat plagas, et vulnera jungit,
Discutit et strumas, cancrum cancrosaque sanat
Ulcera, et ambustis prodest, scabiemque repellit;
Discutit et morbum cui cessit ab impete nomen,
Calefacit et siccat, stringit, mundatque, resolvit,
Et dentem et ventris mulcet capitisque dolores;
Subvenit antiquæ tussi, stomachoque rigenti
Renibus et spleni confert, ultroque, venena
Dira sagittarum domat, ictibus omnibus atris
Hæc eadem prodest; gingivis proficit atque
Conciliat somnum; nuda ossaque carne revestit:
Thoracis vitiis prodest, pulmonis itemque,
Quæ duo sic præstat non ulla potentior herba."

A versification of this medicinal hyperbole is not a task of easy execution, even where poetical grace is not attempted, but to render it with elegance and harmony is impossible. I have, however, endeavored to give the meaning of the original in the following version, well aware that it would be idle to expect so many nosological terms and associations could be surrounded with the melody or the beauties of a Pope or a Shelley:—

This plant, now known by Sancta Croce's name,
Has for ophthalmias gained extensive fame;
Wounds, whether of the sword or spear, it cures,
And to king's evil quick relief ensures:
Here itch, burns, scabs, and cancers help can find,
And fits, and ulcers of the cancrous kind;
It warms the body, cleanses, binds and dries;
While direful toothache from its presence flies;
All pains have for this herb a sovereign dread,
And at its nod leave belly, chest or head.
Old coughs with ease it speedily removes,
And to the stomach beneficial proves;
To both the kidneys is a friend serene,
And pours a stream of good upon the spleen.
The frightful wounds, by poisoned arrows made,
Are by it cured, and all their dangers stay'd;
A grand Catholicon for man to use,
It is infallible for every bruise;
It stops the pangs the gums so oft endure,
And weariness may from it sleep procure;

For all our woes it has some soothing care,
And rounds the bones with flesh when they are bare.
And for diseases of the lungs and chest,
Among all plants Tobacco is the best!

Such were the statements made of tobacco about the year 1590 in Italy, and not merely put forth as fancies of poesy. In this enumeration of its medical powers the poet only truly reflected public opinion. Nor was this the popular sentiment in Italy alone. The same opinions prevailed wherever tobacco was used. In England, some time after this, Ben Jonson was making the characters in his plays tell similar wonders of the weed. Captain Bobadil, in *Every Man in his Humor* (Act iii., Scene ii.), says to his auditors, "'Tis your right Trinidado. I have been in the Indies where the herb grows, where neither myself, nor a dozen more gentlemen of my knowledge, have received the taste of any other nutriment in the world, for the space of one and twenty weeks, but the fume of this simple only; therefore, it cannot be but 'tis most divine. Further, take it in the nature, in the true kind; so, it makes an antidote, that, had you taken the most deadly poisonous plant in all Italy, it should expel it, and clarify you with as much ease as I speak. And for your green wound—your Balsamum and your St. John's wort are mere gulleries and traps to it, especially your Trinidado; your Nicotian is good, too. I could say what I know of the virtues of it, for the expulsion of rheums, raw humors, crudities, obstructions, with a thousand of this kind; but I profess myself no quacksalver. Only thus much; by Hercules, I do hold it, and will affirm it before any prince in Europe, to be the most sovereign and precious weed that ever the earth tendered to the use of man."* Jonson mixed satire in his eulogy, and even then, few could have doubted that Captain Bobadil exaggerated, a *leetle*, the number of weeks he existed solely upon tobacco smoke; but making allowance for the satire, and the remainder correctly shows the position held by the herb.

So late, however, as 1716, and in a medical pharmacopæia of great reputation, tobacco occupies a station fully equal to the place assigned it by Castor Duranti. As the opinion to which I now refer was that of a physician of celebrity in the *eighteenth* century, I shall quote it, that it may be compared with the Italian verses written more than a hundred years before—a long time for *such* a vegetable to preserve *such* a reputation. "Tobacco," we are told in this work,† "discusses, resolves, cleanses, purges, vomits, stupefies the Brain, resists Poison, easeth Pain, and is a very great Vulnerary. The external Application of the Juice (or Leaves moistened and beat with a little Wine) to the Head, easeth the Megrim, and other Pains thereof; to the Joints, the Pains of the Gout; to the Hips, the Sciatica; to the Teeth, the Toothache; to the Skin, it remedies all its Deformities and beautifies it; to Rib'd Heels, it heals them; to the Shins, the Pains thereof proceeding from the *French* Disease. Made into an Ointment (which see *Synopsis Medicinæ*, Lib. 3, cap. 58, Sect. 15) or Balsam. it cures all manner of Tumors, Ulcers, old Sores, Fistulas, Scabs, Breakings-out, Itch, Bitings or Stingings of venomous Beasts, Punctures of the Nerves or Tendons, though made with poisoned Weapons, happening in any Part of the Body from Head to Foot; it cures Scalds, Burns, Piles, and Gouts of all sorts; a Decoction thereof does the same; so also the Essence; the Essence taken ʒj in Wine is emetic, and cures Agues and Fits of the Mother, at twice or thrice taking; being dropt into the Ears, it helps Deafness; bathed upon the Region of the Bladder it breaks the Stone, and easeth the Pains thereof; bathed upon the Sides it helps the Rickets; upon the Navel the Suffocation of the Womb, and in Sores and Ulcers it fetches the Filth and Rottenness from the very Bones; it cures Gangrenes, Carbuncles, and Plague-sores; so the Chymical Oil, which see Dor. Med. Lib. 2, Cap. 1, Sect. 17. *It eases in a minute all manner of Pains whatsoever!* and cures the Leprosy. It is called *Nicotiana*, from Capt. *Nicot*, a *Spaniard*, who first found it out."

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* The Works of Ben Jonson, with Notes, &c., by William Gifford, vol. i, p. 31. London, 1816.

† Pharmacopœia Londinensis: or the New London Dispensatory, translated into English, &c. &c. By William Salmon, Professor of Physic, at the Great House near Black-Fryars Stairs. Lib. i., cap. iv., p. 13. London, 1716.

This is what was said ex cathedrâ of tobacco one hundred and twenty-seven years after Cardinal Santa Croce carried it from Portugal to Rome. This was said, not by a poet, but by a grave physician, and was put forth as a guide for his professional brethren. Strange, therefore, as Duranti's verses sound at this day, they do no more than embody the opinions of the doctors of his own times and for several generations after him. Taking these dicta for true, and great indeed *was* the benefit Santa Croce conferred on Italy—worthy to be commemorated by historians and sung by the followers of the heroic muse. But, alas! like a thousand other supposed panaceas, it has been deposed from its exalted niche in the materia medica, and given way to successors with newer pretensions, but with no more solid deserts.

The sample of tobacco carried to Rome by the legate, Nicholas Ternabon, though it made less noise in the poetical world than that brought by Santa Croce, was equally productive of practical effects. John Baptist Cibo, or Innocent VIII. then occupied the Holy See. Ternabon presented him with the wonderful luxury he had brought from Paris, and related the avidity with which it was used by all classes in France, from the nobles and their ladies to the plebeians and their wives. Innocent immediately made a trial of its virtues, and professed himself entirely satisfied with them. He composed a quatrain of rhyming Latin lines in praise of the plant, in which it is styled "Herba Ternaboni." Ternabon was rewarded with a cardinal's hat for his valuable services, and saw himself, by this trivial vegetable present, placed in view of the popedom itself. Innocent was so attached to the enjoyment that he was in the habit of smoking daily, and after every meal his obsequious servants brought him a huge pipe of tobacco.* With such an example from the head of the church, the clergy, monks, and entire populace of Rome, seized on the custom with the greatest eagerness, and carried it to the greatest excess. An anonymous writer on the manners and customs of the sixteenth century, says the Roman ladies adopted the use of the *Ternabonian* weed as madly as the men, and he declares a husband could not kiss his wife or a lover salute the lips of his mistress without tasting the odors of tobacco.* Satirists and wits wrote many pasquinades on the sudden growth and extraordinary spread of the exotic novelty, but countenanced as it was by pope, cardinal, monk and lady, neither verses, ridicule, or objurgation, could prevent its consumption. It afterwards, it is true, met with some checks from one or two of Innocent's successors, but from the day of its introduction, by the Portuguese nuncio and the French legate, to the present hour, it has never ceased to exhale its fumes in the Holy City. What advancement it made in other portions of Europe will be narrated in a future article, in which will be detailed the romantic events which pursued every step of its progress.

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* De l'Usage du Café, du Thé, et du Tabac, par Aristide Voiture, ch. xix., p. 318. Bruxelles, 1686, 8vo.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 6, 1844.

A Plea for Pure Water.—Our friend, Walter Channing, M.D , of this city, a philanthropist, a philosopher, and an excellent citizen, whose morning and evening thoughts have long been devoted to the claims of humanity, has recently been pleading, both in public and in private, for the introduction of pure water into the city of Boston. As a physician, he has made himself familiar with the wants of the people for this necessary of life. Besides all the other means he has adopted to help bring about such an enterprise as conducting a pure stream, from some eligible point in the country, to the door of every inhabitant in this densely-peopled town, he has called the press to his aid. In a well-written letter to Henry Williams, Esq., a gentleman equally ardent in the same benevolent cause, now circulating in the form of a pamphlet, Dr. Channing has surveyed the whole subject with his accustomed energy. After making suitable preparatory observations, he proceeds to make the following propositions, viz. :—1. The water used in this city from natural springs, is not pure, and hence is unfit for use. 2. The supply of water is wholly and totally insufficient for the demand, and great inconvenience and danger are the direct results. 3. An abundant supply of pure and fresh water directly promotes health and longevity, and as surely tends to diminish or prevent pauperism.

These propositions are ably discussed, and a variety of information interspersed in the course of the arguments, exceedingly valuable for every person to know, who has a tithe of interest in the character, condition and progress of this great and wealthy city. We therefore urge the attentive examination of Dr. Channing's plea ; and especially should the profession give it a thorough and careful perusal, since their opinions give a decided tone to all great undertakings which contemplate the preservation of the public health.

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* Notitiæ in Mores Romæ Libri Duo, lib. i., cap. x., p. 207. Rome, 1715, 12mo.

Exchange of Insane Hospital Reports.—Mr. J. M. Barnard, of Boston, whose name has been heretofore mentioned in connection with a plan for exchanging the annual and other reports of the institutions for the insane, in this and other countries, with a view to uniformity in the system of management—or, rather, for the purpose of informing each other of discoveries in treatment—has just received about four hundred English reports, which will be distributed among the fifteen institutions of the States. With a little care on the part of medical officers in this country, extra copies of all their official papers might be struck off, so that every institution in Europe could have on its file one of them. By a prompt mutual exchange of these documents the happiest results would accrue, and it is therefore cogently urged by Mr. Barnard upon the consideration of gentlemen having a controlling influence in this matter.

Dr. Mitchell's Introductory Discourse.—By the request of the class, the Professor of Obstetrics and Medical Jurisprudence, in the Castleton Medical College, consented to the publication of his introductory lecture, delivered at the present session in that institution. There are two points referred to, which are of much greater consequence than at first appears, viz., the study of chemistry, and the distinction between reading and *study*. As a general rule, medical students commence with a determination of being surgeons. There is something striking in the idea of amputating limbs, excising great tumors, and engaging in those exciting operations which make the whole country ring with one's eminent skill and daring with the knife. By the time, however, that they are quietly located with a view to being sought by the multitude, a conviction of the utter impossibility of being a celebrated surgeon, at once, comes over the individual, and he finally arrives at the sage conclusion that the general practice of medicine can only be relied upon for a livelihood. With this prospect before him it is highly important that the student should *study*, should think as well as read. How many years of early life are wasted, that might have been choicely appropriated. In the years of medical pupilage days and weeks are often utterly lost, in frivolous pursuits, which, if economically arranged, would have laid the foundation for an extended reputation in some one department of professional exertion.

Dr. Mitchell's discourse is full of good sense, plainly expressed, and may be examined by those who feel themselves advanced beyond the condition of students.

Elements of Comparative Anatomy.—Messrs. Ticknor & Co. have sent us Part I. of the Anatomy of the Mammalia, designed expressly for students, by Rudolph Wagner, M.D., of the University of Gottingen, and edited by Alfred Tulk. It is published by Mr. J. R. Redfield, of New York. The chapters lead off on the following subjects, viz.: the *tegumentary*, *osseous*, *muscular and nervous systems; organs of vision*, *hearing*, *taste and touch; digestion; circulation; voice and respiration; urinary*, *secreting and sexual organs.*

Much is comprehended in this book in a few words. Perhaps the only objection that could be adduced against this treatise, would be that there is not enough of it. It is not a new system, nor a herald of recent discoveries; but simply an unpretending, judiciously-prepared book, quite elementary in its character and design.

Society of Superintendents of Lunatic Asylums.—Some have thought that the late meeting of these gentlemen, at Philadelphia, was original with them. They were anticipated, however, in England. A circular of an association there, at their second annual meeting, in June, 1842, is before us, together with a letter of the honorary secretary, in which the special objects and intentions of the medical officers are thus expressed. "To improve the management of lunatic asylums; to improve the treatment of the insane; and to acquire a more extensive and a more correct knowledge of insanity." Precisely the same objects are contemplated by the American association—a very meritorious design; and long may each individual belonging to it, live to ameliorate the sufferings of those confided to his care. We only regret that the honor of devising the society at first, had not been of native origin.

Multiplication of Dentists.—At the present rate of increase, the dentists will out-number the physicians. There are nine in one short street in Boston, and how many more there are from Roxbury to Winnisimmit Ferry, the Directory does not mention. They all assert, likewise, that the demand for dentistry is increasing. This must undoubtedly arise from the bad work of some of the craft. It takes one half of them to repair the poor operations performed by the rest. Their income, too, quite outvies the charges of the profession. High as their fees are, the public bear the burden without wincing—which proves that a competent man may get his own price for any undertaking. Dental societies are correcting the empiricism of the profession a little, but not quite fast enough. Persons who never knew the composition of an artificial tooth, open an office, puff themselves, and gather customers as successfully as some of the best-taught graduates of the Baltimore College. If the abuse of dentistry could be corrected, the increase of numbers would create no alarm.

Travelling Animal Magnetizers.—Within a year past, two boys have voluntarily called upon us, with a request that they might have assistance in explaining to the public the tricks and impositions of travelling magnetizers. One of them had been several months the wonder and admiration of moon-struck dunces, who had feed his employer night after night, for the wonder-working phenomena and illustrations of this new system of thaumaturgets. Through the exhibitions of this boy, believers were created with astonishing rapidity, and the cry went up from regiments of disciples—what a glorious science! Yet he positively declared that he never had been asleep in any instance, before an audience, nor was there ever a period when he was not thoroughly conscious in every respect, and obedient to command. By practice, he could bear to be pricked under the nails, tolerate the blaze of a candle within an inch of the eye without recoiling, allow heavy men to stand on his toes, &c., and, in short, became, by a regular process of training, the best subject in New England. As he confessed himself an impostor, he was urged to turn his attention to some honest pursuit. However, not long after, we saw the same boy at the Marlboro' Chapel, moving like a charm, to the will of the magnetizer, before a respectable company. He would stagger, fall to the floor, instantly lose the power of flexing a limb, just as the telegraph required. Last week we met the same little vagabond again, and he informed us that they had been doing pretty well of late, under the management of a medical man of Boston. They had been down to Cape Cod, where animal magnetism *took well.* For his part in the farce, he had the regular wages of five dollars a week !—Since the fellow has become so expert, he would be a treasure to Professor de Bonneville and wife, who are now in full feather with the public of Cincinnati, in the same itinerating kind of vagabondism, which is deserving the attention of a correctional police.

Post-mortem Needles.—Some months since, notice was given of a valuable kind of needle, invented by Dr. Smiley, of Derry, N. H., particularly useful in closing cavities, after examinations of bodies, &c.—useful because there is no danger of wounding the fingers, and far superior to the old kind, because it can be pushed onward with the thread instead of being drawn. In closing incised wounds, too, in cases where a needle is required, Dr. Smiley's instrument is admirable. Mr. Hunt, the ingenious instrument maker, of Boston, saw its value at once, and has manufactured very elegant specimens. Surgeons should look at this improvement and encourage its introduction. Boston, at present, is the only place where they are to be had.

New York Medical Journal.—A correspondent informs us that Dr. Samuel Forry, the editor of the New York Journal, has been a severe sufferer, of late, by sickness. He has our heartfelt sympathies, and we cheerfully tender him any assistance in our power, to relieve him of cares inseparable from the drudgery of conducting a periodical of such a character as the one confided to his direction. In statistics, and everything relating to the natural history of man and the influence of physical causes upon his organization and faculties, Dr. Forry has no equal. He has the best wishes of a large circle of professional acquaintances, for a speedy restoration to health.

Medicinal Soaps.—Since a knowledge of the fact is almost universal that delicate soaps are of the highest value in the management of ill-conditioned ulcers, it is not a little surprising that more attention is not given to the subject. Very many ulcerated surfaces might be wholly restored to a healthful condition by saponaceous applications; yet in private practice, they are exceedingly neglected. Hospitals maintain the old and excellent process of cleansing with soap, before the remedies most relied upon are applied. In a variety of cases, however, the soap is the real remedy, Mr. Eliphalet Davis, of Cambridge, has carried the manufacture of the article to a high degree of perfection, having in view the perfect union of the parts entering into the composition, that it may not be a source of irritation, but a perfect emollient, as a medicinal agent. Practitioners would find their account in reviving the excellent, but too much neglected methods of the old school of surgeons in this respect.

Female Manufacturer of Trusses.—Mrs. Beath, widow of the late John Beath, of Boston, widely know for his mechanical ingenuity in the fabrication of trusses, has established herself at No. 8 Wheeler's Court, with the desire to receive the patronage of the profession in making and repairing all the kinds of work which appertained to her late husband's business. She manufactures stockings, trusses, belts, supporters, knee-caps, braces, &c. It is a novelty for a female to make such a departure from the ordinary pursuits of her sex; but there is nothing improper in it, and we are induced to believe that in this case it would be conferring a peculiar favor on an honest, excellent woman, who is exerting herself to maintain a family, to remember the widow and the fatherless—fully persuaded that whatever is ordered at her establishment will meet the approbation of the purchaser.

French Surgeons in the United States.—England, Scotland, Ireland, Germany, &c., have furnished very many surgeons for this country, but a few only have emigrated from France. Of late, however, the United States seem to have presented sufficient inducements to encourage medical emigrants from that country, of desirable qualifications, to establish themselves in the larger cities. Very recently, Dr. Bodinier, a distinguished pupil of MM. Sichel and Andral, has taken up his residence in New York. He has such recommendations from eminent surgeons of Paris, as to leave no doubt of his success as an operator. It is to the credit of the profession that they have shown him that marked courtesy and personal attention which is due to one whose claims to consideration are based on high attainments in the profession.

Medical Miscellany.—A semi-annual meeting of the Medical Society for Berkshire District, Mass., is to be holden at Pittsfield, Nov. 6th, when addresses are to be given by Drs. Child and Sabin.—A dinner was given by the scientific, at Glasgow, on the 11th of Oct., to the celebrated chemist Liebig.—There are 200 students attending lectures at the Geneva Medical College, Western N. Y. Dr. Lee, the new professor, gives additional influence to the institution.—Lectures commence in Boston this day, with excellent prospects.—A statue has lately been placed in St. Paul's Cathedral to the memory of Sir Astley Cooper, the eminent surgeon. It was raised by a public subscription, confined to the profession of which he was so valued a member. The greater portion of the donors were pupils of the late Sir A. Cooper, headed by Mr. Callaway and Mr. Travers. The statue, exclusive of the pedestal, is eight feet high, and the likeness is considered good. It is by Mr. Baily, the royal academician.

To CORRESPONDENTS.—The papers of Dr. Trowbridge on Tumors, Dr. Leonard on Infantile Fever, Dr. Dixon on the Eye, and Dr. Bachelder, of Hindostan, on various matters connected with Eastern practice, have been received.

MARRIED,—At Cambridge, Mass., Dr. A. N. Greenville to Miss E. S. Bell.

DIED,—In Portland, of pulmonary consumption, Dr. John S. Frink, Dentist, 36.

Number of deaths in Boston for the week ending Nov. 2, 25.—Males, 15; Females, 10. Stillborn, 3. Of consumption, 2—scarlet fever, 3—croup, 1—marasmus, 1—disease of the heart, 2—old age, 2—typhus fever, 2—suicide, 1—delirium tremens, 1—liver complaint, 1—inflammation of the lungs, 1—abscess on the liver, 1—stoppage in the bowels, 1—infantile, 4—cholera infantum, 1—unknown, 1.
Under 5 years, 13—between 5 and 20 years, 1—between 20 and 60 years, 7—over 60 years, 4.

A Living Child, from 39 *Days after Quickening*—147 *Days after Conception.*—This curious case happened in the practice of Mr. C. Smythe, of Castle Douglas. A female, in her second pregnancy, and in the 147th day of utero-gestation, had a severe flooding, with rupture of the membranes. Labor did not take place till the next night, when a very small but well-formed fœtus was expelled, giving no other indication of life than a very feeble action of the heart and a strong pulsation in the cord. By proper means it was resuscitated, and cried as strongly as a child born at the full period of pregnancy. It weighed less than two pounds, and measured exactly twelve inches. It swallowed some nourishment, but died at twelve hours and a half after birth. The membrana pupillaris was entire; the testicles had not descended; the head well covered with hair. Some ecchymosis appeared on the back and on the hands before death. From peculiar circumstances, it was evident that the mother of the infant was perfectly correct in respect to dates.

There was clearly nothing in the organization of this child to prevent its growing to the age of maturity. We believe there is a case recorded in the Edinburgh Medical and Surgical Journal, where a premature fœtus of eighteen weeks was preserved by great care. In the present case the period of utero-gestation extended to twenty-one weeks.—*Medico-Chirurgical Review.*

Description of an Instrument for Exploring the Chest in Cases of Hydrothorax.—Mr. Cock, writing in Guy's Hospital Reports, says—"An instrument, admirably adapted for exploring the chest, and, indeed, generally applicable for elucidating the nature of many other forms of obscure disease, has been contrived by Dr. Babington. It consists of a needle contained in the smallest-sized canula; this is passed between the ribs into the suspected spot; the needle is withdrawn, and the escape of fluid from the tube at once indicates the existence and nature of the abnormal secretion. A farther investigation, as to the size and direction of the cavity, may also be obtained by introducing a fine silver probe through the canula. The pain it inflicts is of the most insignificant kind; I believe it to be quite incapable of doing injury to any thoracic viscus which under an error of diagnosis it may happen to pierce."—*Lond. Lan.*

Spontaneous Cure of Cataract.—A stone-breaker had suffered from cataract from his youth. Whilst pursuing his occupation, he was struck by a splinter in the affected eye, and this gave rise to severe inflammation. He consulted a medical man, who, with a view of examining the eye, dropped into it a solution of belladonna. The pupil became largely dilated, and at the same time the opaque lens fell into the anterior chamber, vision being immediately restored.—*Edinburgh Monthly Journal.*

A Case of Singular Formation of Cataract, is mentioned in the same journal. An aged merchant whilst sitting opposite a window, was "struck on the face by a sunbeam," and suddenly experienced severe pain in the right eye. The pain soon diminished; but vision, which was previously perfect, was quite lost. On examination, three days after, a lenticular cataract of the eye was discovered.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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REMARKS ON TUMORS, WITH CASES.

By Professor Amasa Trowbridge.

[Communicated for the Boston Medical and Surgical Journal.]

I communicate the history and treatment of a few cases of tumors, which may be considered interesting from their peculiar location, rather than from any other circumstance.

There are but few subjects in surgery, on which the accumulation of authentic facts is more demanded, or on which they are more likely to throw light, or, indeed, on which light is more required, than that of tumors. We are not deficient in valuable information respecting them —their classification by Abernethy, and their treatment by others. But we want to go further than they have gone; to advance the outposts; to develope and gain possession of points, which would give more clearness to what is now obscure, more certainty to what is now uncertain.

I am of Mr. Liston's opinion, that the difference in the nature and structure of tumors is generally owing to their location, and connection with textures or tissues from which they have their origin. They seem to be made up of depositions from the changed actions of the nutritive vessels of the part in which they are located. Inflammation is, probably, the agent or action which commences the process. This action produces a deposit of lymph, or fibrin, or both; after this subsides, the vessels do not regain their former condition and healthy action. Infiltration, or growth, advances; and this assumes a texture similar to the tissue from which it has its origin. This deposition becomes organized; and the same, or new vessels, secrete a substance similar to itself, and the growth enlarges. As it advances, it may lose by morbid action its resemblance to the primary tissue from which it proceeded. Its structure may change and assume a different action, and independent of the tissue connected with, or surrounding it; and it may degenerate into a growth of a more complex and injurious nature. There are others, again, which from their locality, and assuming this new mode of action, change in structure and character steadily for the worse, and finally assume a malignant action. Temperaments and constitutional conditions, too, have much agency in developing the character and progress of tumors.

The following cases have recently passed under my inspection and treatment.

Case I.—Mrs. B——n, aged 29, small and delicate form, came to Watertown for my opinion and advice, on the 12th inst. She had a targe tumor situated over the liver. It made its appearance about two years since, in the form of a small, hard, moveable body, near the cartilaginous extremity of the false ribs, and near the oblique fibres of the lateral portion of the diaphragm, covered deeply by the integuments, and evidently attached to the diaphragm, as it impeded respiration when moved or pressed upon. It now extended downwards about seven inches, towards the spine of the ileum, its outer surface covered by the abdominal muscles, and its inner one by the peritoneal membrane. For a few months past, it had pressed so much upon the liver, as to derange the functions of that organ; there were occasional pains extending to the right shoulder, with a sallow or jaundiced countenance.

The tumor projected but little anteriorly; could be raised and brought forwards, by pressing the fingers from each side beneath, so that it could be distinctly separated from the liver. The integuments and tissues covering it were of healthy appearance; no irregularities of surface. The portion which made up its attachment or origin, appeared hard like a ligament. Pain was experienced at this point on standing erect, or from pressure of clothes.

It had become a case of unusual interest to the faculty in the section of country where she resided. There was some difference of opinion as to its nature. There was a uniform opinion that it was a distinct growth, but so much connected with the diaphragm and peritoneal lining, that its removal by an operation was not justifiable. No treatment had been employed.

After investigating and examining the case, I decided in favor of the practicability of removing the tumor, and she readily submitted to the operation.

She was placed on a settee, with her right side exposed. An incision was commenced over the upper portion of the tumor, and carried six inches to the lower portion. The integuments and muscles were divided the whole length of the incision, and the tumor exposed its whole length. I dissected the divided parts from the tumor laterally, and liberated the lower portion from the peritoneal lining to which it was attached. An assistant raised the tumor from this point with a firm hook, so that I readily dissected it from its attachments to the muscles anteriorly and the peritoneal lining posteriorly, to its origin. On taking hold of the tumor, it proved to be attached to the peritoneal and cartilaginous portion of the rib, and outer portion of the diaphragm. A few strokes of the knife separated it from these attachments. Arterial bleeding followed from this point, from three vessels, which required ligatures.

The operation occupied about four minutes, and was borne with much firmness by the patient. The wound was united by suture in the centre, and dressed with adhesive straps, compress and bandage, and the patient placed in a recumbent posture for the first three days. Pain was produced in attempting to turn or move, with constant pain in the right side of the thorax and shoulder for four days. After this, these symptoms subsided, and the patient walked her room and occasionally occupied a rocking chair for exercise.

In fourteen days, the ligatures all off, the wound well closed by the first intention, and she left me to perform a journey home of 30 miles in a carriage. The tumor was six and a half inches in length, and eight and a half in circumference, of a fibrous texture.

Case II.—Miss N., aged 20, healthy, delicate, and well formed, was addressed by a young gentleman, and a mutual attachment induced him to propose marriage. Time was taken by the lady to make a definite answer. She immediately informed a sister with whom she lived, that from a delicacy she had concealed, for several years, a serious difficulty which had been progressing during this time; that a large growth, or tumor, filled the vagina, and protruded out some distance. The attending physician of the family was called, and, on examination, found a large tumor distending the vagina and protruding some inches from it, with a neck and attachment on the left side a little below the cervix of the uterus.

A consultation was desired, and on making an examination, I found a large tumor as described. It never had given the patient much pain or uneasiness. It had become burthensome by its weight and pressure on the soft parts, and its protrusion. Its surface was smooth, and the whole tumor was solid, much like a healthy kidney to the feel. The patient was willing to submit to any operation I should advise.

She was placed upon a bed, her legs flexed upon the body. I succeeded, with my hand, in bringing the tumor down and out, so as to expose its attachment; which was on the left side of the vagina, from the superior wall of the inner surface, or transverse rugæ of the vagina, near the cervix uteri; its base about an inch and a half in diameter, with a neck of the same size. I made a circular incision deep into the sub-mucous cellular tissue from which the growth seemed to be developed, and dissected off a fibrous tumor, seven and a half inches in length and eight in circumference. But little bleeding followed. A T bandage and compress wet with spirits and water over the external parts. The patient recovered in a few weeks, gave an answer to her suitor that she would marry him, and she has since exhibited full demonstration of a perfect recovery, by the recent birth of a son.

The tumor was cellulo-fibrous in its structure, and similar in appearance to the fibrous structure of the uterus.

Case III.—I was recently consulted by a gentleman on account of a difficulty that attended his daughter. This, again, was a case of much interest and delicacy, from the girl's being at the age of 19, and her beauty and accomplishments had induced a young man to make her a proposal of marriage. She had been attended with a local affection for two years, which was an insurmountable objection to marrying. Not willing to refuse the offer entirely, and unable to conceal her actual situation longer, she disclosed her difficulties to her mother, and they, with the father, came to me for advice.

On inquiry, I found she complained of having a tumor situated between the rectum and the floor of the vagina, which had been enlarging for the last two years. On making an examination, I found her statement to be true; that the growth occupied a space between the anterior surface of the rectum and the posterior surface of the vagina, originating here, and distending the two mentioned surfaces, pressing against and nearly filling up the lower portion of the vagina and inferior and terminal portion of the rectum. The nature of the enlargement, and its location, were easily ascertained by passing a finger into the rectum and vagina. She had suffered but little, except from pain occasionally on going to stool, and constipation of the bowels. On pressing upon the tumor from the vagina and the rectum, it could be raised, and made to elevate the vulva of the left side.

I advised an operation for the removal of the tumor. She was placed on a bed, with the legs flexed and knees separated. I pressed the tumor forward with my first two fingers of the left hand in the vagina, and the thumb on the labium. I made an incision in the direction of this organ, about three inches over its base, and exposed the anterior surface of the tumor. By lateral dissections with the knife and my finger, I succeeded in removing it, without injuring the rectum or vagina. Its attachments were firm, and their separation made principally with the finger and handle of the scalpel; but little bleeding followed. The tumor, when removed, was four inches in length, and two and a half in diameter, of a hard, fibrous texture. Dressed with the T bandage and compresses wet with spirits and water, and kept her in a recumbent posture for eight days. After this, she walked her room, and in sixteen days from the operation, she left in a carriage for home, sixty miles. She has since entirely recovered, and was happy in being able to say yes to the question proposed, and fitted to be united in marriage and to consummate what had been for some time in doubtful suspense.

All these tumors originated from membranous tissues. They were very dense, and were made up of minute fibrous ramifications; irregular in some portions, and in others radiating from the centre, surrounded by a cellular covering to which they adhered firmly.

The first case was probably caused by a lesion produced by lifting. For the second I could not assign any exciting cause. The third was probably from an injury produced by riding on horseback.

Watertown, N. Y., Oct. 29, 1844.

INFANTILE FEVER.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I submit to your disposal my theory and treatment of a disease, *always dangerous,* and one constantly occurring in the practice of every physician. Yours, &c. John P. Leonard.

Lime Rock, R. I., Oct. 29th, 1844.

The disease about to be described is the *arachnitis* or *hydrocephalus* of some authors, and the *apoplexia serosa* of others. It has also borne other appellations; but, so far as I recollect, they are only the synonyms of those I have just mentioned.

Either of the above names conveys but an indefinite idea of the disorder; hence, I have rejected them, and substituted one that appears to me more expressive of the nature of the complaint. The disease being peculiar to infants and the very young; likewise a pyrexia of the inflammatory kind, the remote parts receiving the first impressions, while those within the cranium are affected lastly, constituting hydrocephalus, which is a *consequence* rather than a *symptom* of the primary inflammation, are sufficient reasons for discarding those vague titles, and sufficient, too, for our adopting a name more direct in its representation of the malady—viz., *infantile fever.*

Infantile fever for the most part is confined to the first two or three years of life; few older than five years suffer from it, *fewer* over ten years of age, and perhaps none at so late a period as ten; for approximation towards youth throws off the liability to the disease, as the experience of all practical men shows.

Its approach is commonly slow and insidious, and the disease may be thoroughly fixed before the nurse is fully aware that the child is "unwell." Could the little patient tell his feelings now, he would complain of lassitude, languor, rigors, and of all the premonitories of continued fever. Soon the surface of the body is found hot and dry, the pulse increases in strength and fulness, nausea and vomiting now attend, accompanied with constipation of the bowels, the dejections being pale and ropy, or there is diarrhœa with green watery stools. Often, however, the disease comes on suddenly, and all its symptoms are developed in their worst form in a short time, making their invasions rapidly on the constitution of the patient.

During the next stage of the fever, all of the above symptoms are sensibly aggravated, unless subdued by medical means; and in addition to them, stupor, palpitation, convulsions and interrupted respiration. Now we may notice dilatation of the pupil, dimness of the eye, grinding of the teeth, deep sighing, tossing from side to side, intolerance of light and sound; and here we always find a very quick and laboring pulse, manifesting to us that the circulating system is greatly disturbed.

The next and last stage may with much propriety be termed hydrocephalus; for if the fever proceeds to this point, water does accumulate within the cranial vault. Now the pulse falls to a feeble standard, or may be very slow and corded; it not unusually becomes intermitting.

In those cases that prove fatal, strabismus, lethargy, paralysis of the hemiplegic kind, and apoplectic stertor, supervene. When effusion does take place, the fury of the disease subsides, which leads the inexperienced to hope that convalescence may be soon looked for; but this truce is soon broken, and the little sufferer is relieved by death from its sufferings. Recovery does, however, take place occasionally after the effusion of serum within the cranium, and we may assist nature in her restorative process even in this late stage of the disorder.

Causes.—Its proximate cause is inflammation, not of the brain first, but of other and remote parts, as anatomical appearances show. Many deny that hydrocephalus is an idopathic dropsy, yet they overlook the fact when they speak of its treatment. Dr. Gregory says the distinction between frenzy and water in the head is acknowledged by sound pathology; yet he, like others, in his treatise on the subject, confounds the symptoms of the first with the last, and instructs us to treat frenzy and hydrocephalus in children as one disorder. Some of the more remote causes are—hereditary predisposition, a scrofulous diathesis, too stimulating diet, drastic purgatives, worms, teething, suppressed eruptions, epidemic influence, and *the peculiar condition of infancy.*

Pathology.—Dr. Cheyne says inflammation of the intestines is always present, and the liver often adherent to the neighboring parts by organized lymph. The liver is often found enlarged; and these structural derangements explain how those functional alterations which this organ undergoes in the progress of the fever, may be accounted for upon sound principles. Inflammation of the mucous membrane of the alimentary canal is as frequent as cerebral disorganization. "In sixteen cases dissected by Dr. Blockhausen, the mucous coat of the stomach was softened in all, and the internal surface of the intestines studded with diseased follicles, from which pus escaped." Eleven cases of hydrocephalus, examined after death by Dr. A. T. Thomson, all showed traces of inflammation of the abdominal viscera.

As the stomach, bowels and liver are first disturbed, we must conclude that inflammation is first established here, constituting what I have styled infantile fever; but when the brain comes to sympathize with the other parts, it also becomes disorganized and oppressed by water, as dissections prove. Water or serum is found within the cranium, where the patient lives to pass through the third stage of the disease. Its location is about those regions that have previously been inflamed—sometimes the effused serum lies on the outer surface of the pia mater. This membrane is said to exhibit morbid appearances more frequently than either of the others. The dura mater does not often show signs of previous inflammation, indeed not so uniformly as the arachnoid; yet they are all more or less inflamed, and their vessels injected with blood. The substance of the brain is softer than natural, and it is of a paler tint. The color of the fluid differs in individuals.

Diagnosis.—The symptoms, related with the fact that the disease is peculiar to infantile age, teach us to distinguish it from other disorders. It may be compounded with infantile remittent fever, but the circumstance that the remissions of the latter are more perfect than the former will instruct us to mark it—its exacerbations occur at given periods, while in infantile fever they are exceedingly irregular.

Prognosis.—Some have pronounced the disease uniformly fatal; others have spoken more favorably. Those who discourage us most, consider hydrocephalus as an idiopathic dropsy, or rather an idiopathic disease; and those who inspire us with confidence contend that dropsy in the head is not an idiopathic dropsy, unless it may be called so when it is congenital.

I have said that the disease is always dangerous; yet the majority of cases will recover if judicious treatment be seasonably employed. But if nothing be done till there is effusion upon the brain or its membranes, medicine will do but little towards effecting a cure. The favorable symptoms are a mitigation of the fever, a better condition of the stomach and bowels, with improved secretions. The unfavorable are insensibility of the patient, strabismus, blindness, irritable pulse, &c. &c.

Treatment.—General bloodletting is commonly indicated at the commencement of the fever, especially if the child is robust and has been previously healthy. Bleeding till syncope is induced will subdue the inflammation, or, at least, cut short the disease if done at the onset. I am so much in favor of bloodletting in this disorder, that I lay it down as a rule never to omit it during the first stages if the patient is even very young, and I appeal to the pathology of the complaint to support this doctrine, which many oppose and few adopt. Can an inflammation of the stomach and intestines be subdued in any other way so successfully (and I might say certainly), as by the lancet? In the advanced stages we must lay aside the lancet, and be cautious in the use of leeches and cupping. Leeches on the temporal regions, or opening the artery if great inflammation of the head has arisen before the patient is too weak to lose a little more blood, is to be trusted, rather than any other remedy. Leeches over the bowels are of much service from the first till the second stage of the disease is past.

An emetic at first will be found serviceable. Ipecacuanha I prefer, being milder and safer in its operation than the generality of such medicines. After the stomach has rejected its contents, should nausea and vomiting persist, a mustard cataplasm may be laid over the stomach and a weak solution of bicarb. sod. given every four hours, alternated with small doses of protochlo. hydr. till the latter produces catharsis. To expedite the effect of the calomel, an enema of olive oil and table salt may be administered *secundum artem.* Sinapisms and warm pediluvia are useful, and may be assisted in their derivative office by brisk friction on the extremities.

Cathartics, when there is constipation, will unload the viscera and impart to the bowels new and natural action. Mild medicines of the laxative kind will do good by sweeping off the morbid secretions in those cases where diarrhœa is present. But there is so much irritation and inflammation of the bowels that drastic purgatives are inadmissible; in fact, *they will always prove hurtful,* notwithstanding they are so much lauded by writers on hydrocephalus. It will be sufficient to keep the bowels open so that the patient may have one or two evacuations daily. The following are good medicines for this purpose. R. Protochlo. hy. gr. ii.; Sir. rhei., f ʒ j. M. and give to a child one year old for a dose. Or sulph. mag. *per se* in moderate quantities. Castor oil is also a valuable aperient.

When the disease runs into hydrocephalus, those agents styled hydragogue cathartics are demanded. At this time the inflammation has left the stomach and bowels, having attacked the head, therefore my objection to active medicines does not apply to this stage of the disorder; here they will act as counter-irritants, thereby favoring the brain and its appendages. As the functions of the liver are often deranged, and as there is not infrequently organic disease of this viscus, mercurials cannot with safety be left out of the treatment. Diaphoretics and diuretics combined are useful in all stages of the complaint; but their administration must be regulated and suited to particular cases and individuals. Nitre, squills and calomel, are the best. Antimonials are ill adapted to the first stages of infantile fever, on account of the inflamed condition of the alimentary canal; we had better rely on diluents than have recourse to such irritating drugs.

After bloodletting and evacuating the stomach and bowels, blistering and counter-irritation are next demanded. The extremities and bowels should be extensively blistered, and discharges kept up from the vesicated surfaces for several days. If there has been any repelled eruptions, a small blister behind each ear will be of advantage. If vomiting still continues, a blister over the stomach I have thought very beneficial in allaying it. If there is extreme torpor and lethargy, we should be still more profuse in vesicating. The head ought not to be blistered (unless in the instance just given where some eruption has receded), during the inflammatory stage; but in hydrocephalus let the head be shaved and blistered thoroughly.

Antispasmodics, opiates and stimulants, though advised by some, are, in my opinion, injudicious, and should not be allowed in cases of this kind.

For the expulsion of worms, such anthelmintics should be selected as appear best adapted to the patient's condition. Those vermifuges possessed of narcotic or stimulant properties will do more hurt than good. Six grains of protoch. hy., followed by a dose of Epsom salts, will generally be efficient for this design.

The diet during the fever should consist of gruel, rice and gum-water; and nothing like food should be given to the patient till the disorder is removed. We may allow green tea, sage tea, cold water, and any simple drink that the child may crave. These act as diluents, and are sometimes to be preferred to more active medicine.

The patient will need constant attention during convalescence. The disease is liable to recur; therefore all its proximate causes must, if possible, be shunned. Let the diet be plain and simple; keep open the bowels by means of aperient medicines; keep the head cool from the commencement till perfect health is established, and let the patient have the advantage of pure air. Tonics may be given should the vigor of the constitution be tardy in its return.

THE OPERATION FOR CATARACT.

By E. H. Dixon, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 222.]

If there were no other reasons for the discontinuance of the absurd operation of reclination, as it is called, or depression of the cataract from its upper circumference downward and backward, the destruction of so large a portion of the vitreous humor would be sufficient to condemn it in the mind of every good surgeon. But this is only the commencement of the real difficulty, viz., the injury of the retina. I have actually heard, and I doubt not many of your readers have also, the direction from the professor's chair, to "bury it deep in the vitreous humor"—the distance it was to be carried by the needle being absolutely indefinite, the only care was to be taken to have it deep enough to be "completely out of the axis of vision." The other method of depression, viz., placing the needle in front of the cataract and carrying it downward and backward (though the only advisable method of displacing the cataract), is liable to the same objection, from the fact of its being carried often directly downward, thereby breaking loose the retina from its connections with the choroid, and again carrying it as in reclination too far backward—thus effecting the same mischief in another place.

Let us consider how extremely nice a calculation, and consequently how steady a hand, is necessary in this latter operation—premising that any injury, however slight, to the retina, will, nineteen times out of twenty, be followed by excessive vomiting, and loss of vision from amaurosis, the latter hopeless, of course. What space have we to work in, so as to avoid injury to the retina? The entire antero-posterior diameter of the globe, from the cornea to the exterior of the sclerotic coat, does not average over eleven lines; three lines of this are occupied by the anterior and posterior chamber, before we come to the cataract. Now the lens itself—called by anatomists two lines in its antero-posterior diameter (the average of those I have measured makes it nearer three)—is often, when opaque, and especially in caseous cataracts, much increased in size. Three lines will be its minimum. Then there are but five lines of space behind the posterior part of the cataract, before you reach the part of the retina most indispensable to vision; we have this space only for reclination. But the lens, even when in a natural state, is four lines in its vertical diameter, and there are but five lines of space left us to act in, even in its broadest part, and this rapidly decreases the moment the cataract is carried beyond the axis of vision. Then it would seem, by actual admeasurement, that there is but one line to spare when in reclination the upper edge of the cataract passes beyond the pupil. What a trifling space for a heavy or tremulous hand, or an incorrect eye in the surgeon! One line only to be passed, before the retina may be unavoidably and permanently injured, and the patient's hope of vision forever destroyed—for there is no further help for an eye thus situated; and very often the sympathetic irritation is communicated to the other eye, and the patient is irremediably blinded.

So far we have only spoken of the retina, because it was the most contiguous to danger. Yet immediately behind this is the choroid—the great vascular tunic of the globe. This I have often seen injured; and I need not say that in such cases most violent and unmanageable inflammation, with total loss of vision, is the consequence.

In my next I will illustrate, by a diagram, the cautions I have given.

WATER IN LARGE TOWNS.

[The commissioners who were appointed last year in England to inquire into the state of large towns and populous districts, have made their first report, a synopsis of which is contained in the last No. of the British and Foreign Medical Review. We select that portion of the synopsis which refers to the important subject of *water.*]

Water.—The evidence of Dr. Clark, professor of chemistry in Marischal College, Aberdeen, is first detailed. Dr. Clark distinguishes the whole saline contents of water as the neutral and the alkaline. The latter consist entirely of bicarbonates—those of lime and magnesia, and of potash and soda; the former of neutral salts of earths and alkalies. The earthy salts are, of course, the cause of hardness, but Dr. Clark has had occasion to observe that carbonic acid, in excess, renders water hard. Exposure to the [illegible]oftens it, and boiling, too; but this does not effect the water that is hard from neutral earthy salts. The hardness and softness have important pecuniary relations. The wear and tear of linen is much greater when washed in hard water, and, of course the cost of soap is greater. Dr. Clark has invented and patented a method of testing the hardness of water in ten minutes. He adopts a graduated scale, in which the hardness, caused by one grain of chalk to a gallon, is expressed by one degree. He examined some of the London water; the result of his inquiry was that the hardness differed according to the state of the weather. In May, 1841, the water of the Thames at Mortlake was 14.4°; of the New River, 13.2°; of the East London Company's water, 16·1°. In August the proportion of earthy salts was less, the degrees being 11.3°, 12.0°, and 14.1° respectively. Dr. Clark distinguishes between neutrally and alkalinely hard waters. Thus, the East London water being 16.1° of hardness, is of alkalinity 15.6°, that is, it requires as much acid to neutralize its alkalinity as 15.6 grains of chalk per gallon would require. The Thames and New River stand generally at 12° hardness and 11° alkalinity; while that of Manchester is 12° hardness and 7° alkalinity. The degrees of alkalinity express the degrees in which the water is softened by boiling. The well waters of the metropolis are much harder than that of the Thames. Torrington-square well stood at 80° of hardness; that at the gate of University College at 32°; the water from Red Lion-square pump indicates 61.5°. The artesian wells are much softer. Those at Apothecaries' Hall, at Combe's, and at Truman & Co.'s (breweries), were each about 5.5°. These last are decidedly alkaline, even to the taste when boiled: they are, in fact, solutions of carbonates of soda or potash. Dr. Clark describes his process of purifying water from bicarbonate of lime by the addition of lime water. He estimates the whole amount that might be thus precipitated from the water supplied to the metropolis by the water companies at 9000 tons per annum. The water thus purified falls to 4.2° of hardness, and acquires the same softness as if one part of the original water were mixed with three of distilled water. One hundred imperial gallons of the purified and unpurified water would require the following proportions of soap to form a lather.

	Unpurified.	Purified.
East London - - - -	31 oz.	10 oz.
Thames - - - -	28 "	10 "
New River - - - -	26 "	9 "
Gade, near Watford - - -	36 "	9 "

Dr. Clark estimates the annual value of soap consumed per head in London at 6*s.* 8*d.* The total value, including carbonate of soda, is £630,000, so that the difference of cost, between the supply of hard and soft water, in the matter of soap, may be estimated for London at £200,000 per annum.

Organic Remains in Water. Dr. Clark states (no doubt correctly), that the organic matter which passes into the water from the sewers is not separable by filtration. He is of opinion that undue weight has been given to its presence, and that it is assuming far too much to say that such animal matter as passes into the river remains there unchanged, especially when it is remembered how freely a river is exposed to the action of the air, and that there are other substances present, as the alkalies, so well adapted in such circumstances to increase chemical action. Professor Brande frequently found the *well* water of London contaminated by organic matter and ammoniacal salts; and this appears to be the case in other towns, as in York, for example, in the neighborhood of churchyards. Dr. Clark found animalculæ to abound in the water of all the London companies. His attention was accidentally directed to them, and he counted, with the naked eye, no fewer than fifteen monoculi in a quarter of a pint. The impure water supplied to London is indirectly the cause of drunkenness, by exciting disgust for the pure element, and a taste for fermented drinks.

Filtration of Water.—A great variety of information under this head is accumulated in the report. Dr. Clark describes two principal modes, the one being performed by the natural filter, the other by the Lancashire filter. The first was applied on an extensive scale at Glasgow; a few miles above which city, on the bank of the Clyde, there is a very extensive convex round bank of sand used for the purpose. The Lancashire filter is the common one, with sand and gravel. Mr. Thom describes the self-cleaning filters, erected by him at Greenock, Paisley and Ayr, which differ very considerably from the Lancashire. Over the puddled bottom of the filter a hollow floor, made of perforated tiles, is laid. Upon these are placed six successive layers of gravel, each an inch in thickness, and increasing in fineness upwards, the last being, in fact, coarse sand. Over this there is laid very fine sand to the depth of two feet, about six or eight inches at the top being mixed with mineral charcoal roughly powdered. Colored drawings and sections are given in detail. Mr. Thom, having discovered that moss water was rendered pure and colorless by flowing over or through a particular species of lava or trap-rock (amygdaloid), was induced to substitute this rock for the animal charcoal, which he did with complete success. In an essay inserted in the appendix, Mr. Sloper argues strongly against the utility of animal charcoal, while he recommends Maurras's system.

Supply of Water to Towns.—From the varied evidence of civil engineers, there appears no reason to doubt the easy practicability of supplying every house with an abundance of water at a cheap rate. In the first place, water may be kept night and day, in the pipes, in every house, at high pressure, so that no cistern would be required either for domestic purposes or water-closets ; nor would there be any need for a fire engine. At Greenock, Paisley, Ayr, Nottingham, Preston, New York and Philadelphia, the mains being always full and at high pressure, nothing more is requisite for the extinction of a fire, than to put the hose of a fire-engine on one of the fire-plugs, which are attached to the pipes at short distances along all the streets. The water is then projected at once over the highest house. In New York, the fire insurance is 25 per cent. lower, and in Philadelphia the risk is reduced in the proportion of one to three, since the old system was abandoned. In Preston, the owners of mills are introducing water into every story, a plug and hose being placed in each. The watchman can manage the hose quite well, and the mill owners are now so confident of the success of the plan, that they do not insure the building. In Philadelphia, the servants wash the streets and fronts of the houses by hose attached to the plugs. There can be no doubt that with a proper system of hydraulics, the whole of the refuse from the houses and streets might be washed away at very little comparative cost, or in fact with a profit, if the system of irrigation with the sewage be adopted. The desolating effects resulting from a deficient supply of water for the purpose of cleansing, as depicted by Dr. Arnott, Dr. S. Smith, and others, are strongly in contrast with the statements of Mr. Ashton, a manufacturer of Hyde, who having about 320 houses there, supplied every dwelling with water. The morals and domestic comforts of the people immediately improved.

UNION BY THE FIRST INTENTION—TREATMENT AFTER OPERATIONS

By D. B. Bullen, M.D., of the Cork North Infirmary.

In dressing and treating stumps with a view to obtaining union by the first intention, the great object is to avert inflammation. When inflammatory action sets in, and the parts become painful, hot, and swollen, union does not take place, and if adhesion has taken place during the first two or three days subsequent to the operation, as soon as the parts become inflamed the adhesions break up and the stump becomes a large suppurating sore. The chief aim, therefore, in making up a limb after amputation is to remove every source of irritation, and to guard against any circumstance likely to interfere with the quiet process of reparation. To effect this, after the bleeding has entirely ceased, and the parts have been brought into contact, a sufficient and well-regulated support must be given to the stump to prevent the tendency to sudden and convulsive startings, which cause great suffering, and sometimes burst open the newly-formed adhesions. Some surgeons are favorable to the use of sutures for keeping the edges of the wound together, while others think that they act as causes of irritation, and give rise to suppuration. It is not well to depend upon sutures alone when extensive surfaces are to be held in position, but a few, judiciously placed, give great steadiness and prevent the opposite faces of the stump from gaping when it is placed upon the pillow. Besides the sutures some adhesive straps should be applied, but the whole surface of the stump should not be bound down by bands of sticking-plaster. The continued constriction of adhesive plaster too freely and carelessly put on, causes a great deal of pain, and in amputations below the knee, and of the forearm especially, by compressing the integuments against the surfaces of the divided bones, brings on ulceration of the covering of the stump and protrusion of the bones—a strip of lint over the face of the stump and a light bandage are all that is requisite. From the time the patient is placed in bed the dressing should be kept wet by the continuous irrigation of cold water over the limb. This is very soothing and keeps in check the tendency to increased vascular action ; besides, by keeping the dressings constantly moist, when the time comes for changing them, which should not be before the sixth day, unless the smell of the wound should have become offensive, they can be easily removed without tearing asunder the slight and newly-formed adhesions.

Although it is the general practice of British surgeons, in the treatment of all incised wounds, to bring the edges of the wound together, so that they may unite by the first intention, yet some cases occasionally present themselves which require a different mode of proceeding. In operating upon old subjects, in which the lower extremity has been for a long time the seat of chronic inflammation, we sometimes find the veins of the leg enormously enlarged and varicose, and the arteries few and much diminished in size. When the limb is removed, the venous hemorrhage is profuse and difficult to check. The tourniquet, by causing venous congestion, increases the flowing of blood, and even the compression of a bandage brings on a recurrence of venous bleeding for hours after the operation. On carefully examining the condition of the limb, the muscles are found to be purple, soft, and do not retract, and the integuments are flabby, and inclined to a bluish color. There is a manifest atony in the parts, a deficiency of the vital energy, which is requisite to set up and carry on the reparative action, by means of which a sound union can be effected. From the moment of operating the torpid and relaxed state of the blood-vessels demands stimulation. The first object is to arrest the hæmorrhage; for that purpose the tourniquet, and whatever may cause pressure upon the limb, should be immediately removed, the thigh bent upon the pelvis, so that the stump may be thrown up, and kept in a perpendicular position, and a stream of cold water should be poured from a height over the face of the stump. These means generally check the more profuse discharge of blood, but a venous oozing continues, which is increased by closing up the wound, and putting on a bandage. Should they fail, however, dossils of lint, dipped in a hot saturated solution of alum, applied to the bleeding surface, and leaving the limb exposed in a current of cool air, will generally succeed. It is useless to attempt to obtain union by the first intention in cases of this description; for, if after some hours, when the danger of hæmorrhage has ceased, the edges of the wound are brought together, and the usual dressings applied, it generally happens that at the end of three or four days the stump becomes gangrenous. Gangrene following amputation, in old and enfeebled constitutions, is generally fatal, and we should, therefore, endeavor to avert it by the immediate use of proper local stimulants, and by sustaining the constitutional powers with an invigorating course of treatment. Pressing the surface of the stump with pledgets of lint, dipped in warm elemi ointment and turpentive, soon excites healthy suppuration, and an abundant growth of florid granulations, together with the steady use of opium, carbonate of ammonia, wine and nutritious broths.

The successful result of amputations, like most other surgical operations, depends more upon the medical management afterwards than upon any mechanical dexterity in their performance. The pain and excitement of the operation, accompanied by the sudden loss of blood, is followed by a degree of constitutional disturbance, which is more dangerous to persons who have been heretofore healthy than to those who have long suffered under some painful disorder, and who have been suddenly relieved from a previous source of irritation. Hence primary amputations, performed immediately after recent injuries, are more often fatal than the removal of limbs for chronic and long-continued local diseases. But secondary amputations, in cases of extensive injuries, are more fatal than primary, because they are generally done during the existence of irritative fever, and when the powers of the system have been impaired by the shock consequent upon the injury. The hectic fever which results from suppuration in joints, or from diseased bones, does not contra-indicate operation; on the contrary, upon the removal of the cause of the constitutional irritation, the return to health is often surprisingly rapid. But in determining the propriety of amputating in the secondary stage of extensive injuries, we must be guided by the extent to which inflammation has spread along the limb and disorganized the tissues, and by the nature and degree of the irritative fever. There are two dangers to be apprehended and guarded against after operation. The failure or loss of constitutional power to bear up against the shock, and the re-action consequent upon rallying, which may lead to a state of dangerous excitement, ending in active inflammation. Immediately after the patient has been placed in bed, a large opiate should be given and repeated in proper doses at regular intervals. And here it may be observed, that where the stimulating and cordial influence of opium is required, laudanum and crude opium are the forms most to be relied on. Some of the salts of morphia, and particularly the acetate, when given in large doses, produce so much depression and collapse that it is hazardous to give them in cases where we have to contend with symptoms of great exhaustion. When re-action has fairly set in, the tongue become foul and dry, skin hot, and pulse quick, we must then deal with the case as one of irritative fever. A mild mercurial given at bed-time, followed by an aperient draught in the morning, and the regulated exhibition of some opiate, combined with tartarized antimony, as the circumstances may require. The diet, for the first few days, should be nutritious though not stimulating, and unless there be strong reasons to the contrary, more generous aliment should be given early, for after severe losses of blood withholding animal food often induces an irritability of the system which disposes strongly to inflammatory action.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 13, 1844.

School Hours in Boston.—With all the improvements which have been introduced into the public schools of Boston, there is one essential element in juvenile education unaccountably neglected, which requires the profound consideration of the committee. Both the instructers and children are worked too hard. There should be a remodelling, in order that the system of free schools, in this enlightened and liberal city, may meet the high expectations of parents, and those who are laboring to perfect the organization of these intellectual nurseries. In the Latin School, particularly, if there were but one session a day, instead of two—and that prolonged to 3 o'clock, with suitable recesses—both the masters and boys would be gainers. The very character of the studies, in that institution, requires a constant and untiring mental effort, from Monday morning till Saturday night. The two half days of rest, Wednesday and Saturday, do not afford that time for re-action of the mind, and physical exertion of the body, which so many hours of fixed, abstract study, require for the preservation of health. Under the present arrangement, the children, mostly young lads, are obliged, immediately on reaching home, to bow down over their books without cessation a considerable time, in order to meet the requirements of the master the following morning. All the study is not accomplished in the school-room, nor in school hours. This brings too much labor upon them in a given period. While the brain is stimulated, and in fact over-exerted, the body is quite neglected.

Now what is the result of this forcing, hot-house method of instruction? Simply this—many of the children, being thus cheated out of that generous amount of muscular activity in the open air, which all young animals covet and require, and which was contemplated by the great Author of their existence, in the establishment of certain organic laws, are pale, and their bodily frames poorly developed. The teachers, also, are far from being robust, and as vigorous as they should be to withstand the deteriorated atmosphere of full apartments year in and year out, however well they may be ventilated. They are frequently broken down in health, and, whenever they can enter upon other pursuits, invariably make their escape.

If, under this view of the subject, which those at all acquainted with the operation of the system will admit, to some extent at least, to be correct, the Latin School had but one session daily, immense benefit would be obtained by the change. It would be a gain of health—inasmuch as it would afford a daily relaxation for body and mind, alike conducive to present comfort, and to the well-being of the individual in manhood and old age.

But if no such modification can be brought about, then allow the scholars, with the instructers, those drudges of civilization, who actually mould the character of a nation, longer vacations. Every public instructer in Boston labors more hours, and harder, than he should. Nothing is gained by it for the public; there is no economy in taxing men beyond their strength. Both vacations should be of longer duration. Surely, if the professors and tutors of colleges are indulged with two annual vacations of six weeks, how much more cogent are the arguments that might be adduced to sustain the just claims of the Boston teachers to an equal modicum of rest.

A hope is entertained that an enlightened public sentiment will ultimately lead to an improvement in the public schools of the city in this respect. It is of vast importance to individuals, to families, and to coming generations, if well-disciplined minds and well-grown bodies are estimated according to their intrinsic value.

Honor of Discovery.—Professor Hitchcock, of Amherst, Mass., has the reputation of having made a discovery of very extraordinary interest to geologists—the fossil foot-steps of birds, in the sandstone, at certain localities on Connecticut river. Within a short period, Dr. James Deane, of Greenfield, Mass., has announced to the public that he was the real discoverer, and that Prof. Hitchcock has appropriated to himself an honor that does not fully belong to him. The last No. of the American Journal of Science has three articles upon this vexatious subject, written by the two scientific combatants, to which those most interested in such matters, are referred. Both gentlemen are to be blamed—the one, for not fully acknowledging, in the first instance, his indebtedness; and the other, when he found himself neglected, for not having the moral courage sooner to assert his rights with boldness. Parties seem to be taking sides in regard to this controversy; hence a long and perhaps tedious warfare of words may follow in different publications. Those who are envious of Mr. Hitchcock's reputation, will doubtless lend a hand, if assistance is wanted, to pull him down. Dr. Deane has a host of friends, it is easy to perceive, who are determined to exert every power within their control, till justice is meted out to him; and all that is placed to his credit, must of course be subtracted from the amount that now stands in the ledger of fame to the credit of another.

Boston Lunatic Asylum.—Last week the annual report of the Medical Superintendent of the city institutions at South Boston, was received. As usual, it is a very satisfactory document, and, to the citizens generally, must be highly interesting, since the whole organization of the establishments to which this pamphlet refers, had its origin in the benevolence of the inhabitants. The lunatic hospital, especially, is a benevolent institution of no ordinary character, since it is made the home of those who were formerly the most abject of sufferers.

Although the hospital was constructed for the accommodation of only 60 patients, 108 have in some way been received. Dr. Stedman shows what is imperiously required—further action in the form of additions to the edifice, to meet the demand that will necessarily be made on him by new applicants. "Health," continues Dr. Stedman, "the past year, has reigned among the inmates; no epidemic or other disease has prevailed here. No accident of any kind has befallen us. No suicidal attempts on life have been made. The diseases which in the few cases have resulted in death, have been such as no art could have arrested and no care could have alleviated." In a catalogue of 137 beneficiaries, Ireland has furnished 53—while no one State in the Union has had over 7.

Whole number of patients under treatment in each house, from June 30th, 1843, to July 1st, 1844, 1272: viz., Lunatic Hospital, 137; House of Correction, 568; House of Industry, 567.

Snake Weed.—Wood, the celebrated author of "New England's Prospect," who visited Boston within a few years after its first settlement, published his observations on the country in 1639. In the eleventh chapter, entitled "*Of the Evils, and such Things as are hurtful in the Plantation*," he speaks particularly of a remedy for the bite of a rattlesnake, as follows. "When a man is bitten by any of these creatures the poison spreads so suddenly through the veins and so runs to the heart, that in one hour it causeth death, unless he hath the antidote to expel the poison, which is a root called snake weed, which must be champed, the spittle swallowed, and the root applied to the sore; this is present cure against that which would be present death without it; this weed is rank poison if it be taken by any man that is not bitten, unless it be physically compounded. Whoever is bitten by these snakes, his flesh becomes as spotted as a leper, until he is perfectly cured. It is reported that if the party live that is bitten, the snake will die; and if the party die, the snake will live. Five or six men have been bitten by them, which by using the snake weed, were all cured, never any yet losing his life by them. Cows have been bitten, but being cut in divers places and this weed thrust into their flesh, were all cured. I never heard of any beast that was yet lost by any of them, saving one mare."

Is anything now known of the remedy here spoken of with such confidence over two hundred years ago?

Controversy relative to the Cure of Consumption.—A pamphlet of 30 pages is circulating extensively, entitled—"*Reply of Dr. William Mc Dowell to Dr. Yandell's Rejoinder, in a Controversy relative to Consumption*," which is filled with cases in the practice of Dr. McDowell, illustrative of his views.

In the Oct. No. of the Western Journal of Medicine and Surgery, a remark was introduced by one of the editors—reputed, according to this pamphlet, to have been from Dr. Yandell—that roused the Kentucky blood of Dr. McDowell. He has opened the phials of wrath upon the head of the man whom he accuses of unfairness, in no unstinted measure. Aside from his intellectual vigor, Dr. McDowell almost equals the giants in size, and should he actually put his closing threat in force—wo to his opponent. "A few words now to Prof. Yandell—private," says the excited author. "Should you, sir, condescend to deign me any further notice, be pleased to adhere scrupulously to the truth—even at the expense of some trouble in conning and sifting your allegations. The publication of your falsehoods costs you nothing. I being denied equal facility, am at a heavy expense to follow them up with my refutations. Now, sir, I shall go to no further expense in printing, and if you publish any more of those villainous falsehoods—such, if unrefuted, as would be derogatory either to my moral character or to my professional standing—to save expense in paper, I may be tempted to indite my answer on your parchment"!!

Medical College at Washington.—Through the National Intelligencer, a traveller has furnished some interesting memoranda in regard to the new locality and conveniences possessed by the medical school at the seat of Government, which are transcribed for the sake of spreading abroad such agreeable intelligence. After commenting generally on the progress of the city, the writer goes on to say that the college building is an extensive edifice, immediately north of the City Hall, and he "was pleased to find, on visiting this institution, that its able and enterprising Faculty had been actively occupied during the past summer in arranging and adapting it for the delivery of medical lectures, as well as fitting it up for an extensive infirmary for the accommodation of the sick. It is now admirably suited for both purposes. It contains two very excellent lecture-rooms—one of them, the anatomical, not surpassed in this country for beauty, fitness and convenience—besides extensive and beautiful halls for the museum, laboratory, &c.

"After having carefully examined all the arrangements of the building, I take great pleasure in saying that I know of no similar institution (and I have seen many) more convenient in its plan or better adapted to the different purposes of a medical college; and, in combination with a thorough, practical, and careful course of instruction, such as I understand is furnished by its accomplished Faculty, offers every desirable advantage to the medical student."

Dr. Bell's Medical Bulletin, for October, may be had of Messrs. Jordan, Swift & Wiley, 121 Washington street. Its reports of cases and lectures are not the least of its attractions to the profession.

The Long Issue in the Calvarium.—In the Provincial Medical Journal is detailed by Dr. Oke, the case of a boy suffering from cerebral disease following scarlatina, in which advantage was derived from the long issue made in the calvarium, according to the directions of Dr. Wallis. Consciousness returned by the third day.—*London Medical Times.*

Medical Miscellany.—Smallpox has broken out at Laguayra, and a quarantine has consequently been laid at Porto Cabello on all vessels arriving from that port.—Prof. Liebig, the great chemist, about whom every body is talking in England, is now on a visit at Liverpool.—It is reported that the medical class at Dartmouth College numbers 89—which is very encouraging.—A correspondent says that smallpox has appeared at New Milford, Conn.—No. XVI. of Dr. Dunglison's new edition of the Cyclopædia of Medicine, is published.—Dr. Raymond, of Buffalo, proposes to deliver lectures through the country, on Agricultural Chemistry.—Dr. B. D. Edwards has been removed from the post office, Alton, Illinois.

To Correspondents.—Dr. Hurd's case of Poisoning by Cobalt will be inserted next week.—Various documents from the Medical Department of the National Institute have been received. Most of them appear to be papers of much value, and will be inserted in the Journal as we find room.—Dr. Wallace on Jewish Hygiene has also been received.

Married,—In Boston, Dr. William Hawes to Miss C. A. Curtis.—Dr. Jonathan Mann, of Franklin, Mass., to Miss M. Rollings.

Died,—At sea, on the passage from St. Jago to Philadelphia, Dr. Nathaniel Cheever, of Hallowell, Me., 29.—In Milan, Ohio, Dr. Amos B. Harris, in his 47th year. He was an eminently good man, and his death was serene, peaceful and happy. With his finger on his own pulse, he watched the ebbing of the tide of life with perfect consciousness, and announced to a friend when the pulsations could no longer be distinguished.—At New Albany, Indiana, Dr. Webb, who was dreadfully injured by the explosion of the steamer Lucy Walker.—In Bloomfield, Indiana, Dr. Waldo C. Williams, of Hartland, Vt.—At Brewster, Ms., Dr. Joseph Sampson, 60.

Number of deaths in Boston for the week ending Nov. 9, 40.—Males, 14; Females, 26. Stillborn, 4. Of consumption, 9—teething, 1—dysentery, 1—typhus fever, 3—debility, 1—croup, 2—inflammation of the bowels, 3—sudden, 1—infantile, 1—scarlet fever, 3—child-bed, 2—cholera infantum, 1—erysipelas, 1—inflammation of the lungs, 1—disease of the heart, 1—cancer, 1—marasmus, 2—hæmorrhage, 1—old age, 1—fits, 2.

Under 5 years, 16—between 5 and 20 years, 2—between 20 and 60 years, 18—over 60 years, 4.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Oct.	Therm.		Barometer.		Wind.	Oct.	Therm.		Barometer.		Wind.
1	from 36	to 56	from 29.76	to 29.81	N W	17	from 40	to 55	from 29.63	to 29.69	S W
2	29	69	29.74	29.83	S W	18	59	64	29.51	29.59	S E
3	42	58	29.45	29.59	S E	19	54	65	29.09	29.30	N W
4	58	66	28.93	29.18	N W	20	36	45	29.63	29.83	N W
5	46	60	28.95	29.13	N W	21	28	49	29.96	29.98	S E
6	43	57	29.30	29.35	N W	22	40	54	29.83	29.89	N E
7	43	50	29.19	29.40	N W	23	34	57	29.79	29.82	S E
8	42	52	29.46	29.49	N W	24	33	58	29.82	29.83	S E
9	42	68	29.31	29.34	W	25	46	60	29.62	29.75	S W
10	44	71	29.15	29.30	S W	26	50	66	29.44	29.54	S W
11	47	55	29.38	29.49	N E	27	50	52	29.36	29.39	N E
12	38	59	29.65	29.73	N E	28	32	34	29.22	29.29	N E
13	33	63	29.70	29.77	S W	29	38	41	28.89	29.03	N E
14	42	53	29.39	29.56	S W	30	38	41	29.22	29.30	S W
15	52	58	28.71	29.03	S E	31	35	42	29.37	29.48	N W
16	46	59	28.98	29.35	S W						

The month has been a wet one, but otherwise favorable for the business of the season; there were many favorable days in succession towards its close. Much rain has fallen, and the earth is fully replenished for the coming winter. The range of the Thermometer, from 28 to 71; and of the Barometer, from 28.71 to 29.98. Inches of rain, 7.34.

Memphis Hospital.—This is a benevolent institution founded and sustained by the liberality of the State of Tennessee. Its object is the relief of the destitute and afflicted *poor* who reside in its vicinity, or who navigate the Mississippi River. It is a beautiful brick building of three stories, each containing eight rooms; of good dimensions, and admirably arranged. The house is capable of accommodating 200 patients, but on account of the limited fund annually appropriated by the Legislature, there are not often more than fifty within its wards at one time. There are ten acres of ground attached, which is well supplied with wood, under good enclosure, and capable of great improvement. It is situated about one mile from the river, in a beautiful grove, and certainly presents a most inviting asylum to the weary invalid. The sum appropriated for its support during the present year, is $5,000. The Hospital is under the superintendence of a board of Trustees, who employ a resident steward, and two attending physicians. The latter receive, we think, $500 per annum between them, and are required to pay the necessary professional attentions. The present incumbents are Drs. Christian and Watkins, gentlemen of high standing and extensive experience in the diseases of the South. Dr. Christian has been a resident of Memphis about twenty years, and is universally esteemed for his moral worth and professional skill. Dr. Watkins formerly resided in Columbus, Mi., and has only settled in Memphis within a few years past, or since the late extraordinary improvement of the place.

The present building was opened for the admission of patients on the 1st day of November, 1841. From that time, up the 24th August, 1844, the day of our visit, there have been—admitted, 387; discharged, 265; died, 85; remaining, 37. The cases in the house are much the same as are to be met with in the New Orleans Charity Hospital, viz.: intermittent and remittent fever, rheumatism, chronic diarrhœa, ulcers, &c., and the subjects are almost precisely similar, i. e. Irish and other foreigners. Only the most needy applicants are admitted, as the amount of the hospital fund precludes the possibility of receiving all that apply.

We have no doubt the fund is used in the most judicious manner, so as to extend relief to the greatest number, and the most proper objects of charity—and it certainly is creditable to the liberality of the State of Tennessee, to have built a fine hospital and appropriated $5.000 per annum for the relief of a class of people, nine tenths of whom are not her citizens, and pay nothing into her coffers.

Memphis is growing up now to be an important place, and may expect to be well supplied with the vagrant foreign population, which is emigrating to the United States in such immense numbers. For every American citizen who may chance to be destitute, get sick, and request the charities of the Memphis Hospital, there will be at least 50, if not 100 foreigners, who wander about from place to place, and add nothing to the honor or interest of society. Let the Trustees of the Hospital look to this thing in time, and with the spacious grounds belonging to the establishment, have some arrangements made, by which the invalid shall be compelled, as soon as he is convalescent, to make some compensation for the benefit he has received. Some species of labor can easily be adopted, which would give salutary employment to the convalescents, and the proceeds of which would go far towards defraying the expenses of the institution.—*New Orleans Medical Journal.*

THE

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JEWISH HYGIENE.

By William Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

The laws of Moses form excellent precepts for preserving health of body and contentedness of mind. Theologians have paid much attention to the latter, yet it seems to me that physicians have not given to the former the investigations it deserves.

To draw attention to the subject, I propose to make some remarks in the following order:—1, personal cleanliness; 2, circumcision; 3, the separation of the healthy from the diseased, and from whatever the latter come in contact; 4, the purification of women after confinement, and at other seasons; 5, prohibition of marriage within certain degrees of consanguinity; 6, prohibition of the flesh of animals which are peculiarly prone to disease themselves, or to produce disease when they are eaten; and afterwards to consider the propriety of increasing the duties of city inspectors.

1. *Personal Cleanliness.*—Frequent ablutions are not only often prescribed in the law, to remove impurities which might have been communicated by contact; but are also considered marks of hospitality, and religious obligation. Abraham offered water to the angels, and Moses, when he set apart Aaron and his sons to the priesthood, washed them with water. From these examples no devout Jew will utter a prayer, or partake of a meal, without having previously washed his hands. Near the entrance of every synagogue there is a vessel, from which the members draw water to wash their hands before commencing their devotions.

2. *Circumcision.*—Owing to the habits of cleanliness produced in all classes of society since the introduction and cheapness of cotton shirting, we have now few opportunities of witnessing the bad effects of offensive matter collected under the prepuce; yet we occasionally meet with cases where it would have been well, if the patients had been early circumcised. Among the many Jews who have applied to me for advice, I have never seen any case of venereal disease.

I was once invited to witness the circumcision of a young man who, having become enamored of a beautiful Jewess, had resolved to embrace the Hebrew religion, as she had no other objection to her suitor than that he did not belong to her people. At 11 o'clock in the forenoon, the company, which consisted of the operator, a rabbi with a long beard, two or three of their acquaintances, and myself, met at an appointed place, where we were introduced to the patient and some of his intended's friends. After a few minutes conversation, a few of us went with the proselyte to another room. The patient stood on a chair; some words of Hebrew were spoken by the rabbi, and the foreskin was removed by the operator, in a manner that, for dexterity and speed, would not have been surpassed by a Liston or a Mott. The foreskin was stretched forward as much as possible, and, for the protection of the glans, drawn through a cleft piece of silver similar to the instrument with which we divide the frænum linguæ. The extremity of the portion drawn through the cleft was then held with the left hand, while with the right, the foreskin was removed by a single stroke of a scalpel. The outer skin retracted behind the glans of its own accord, but the lining portion was divided on the dorsum with scissors. The remains of the prepuce were then drawn back as far as possible, and the operation was completed. The resulting hæmorrhage was soon checked by lint and cold water. I have since had occasion to perform the operation for the preternaturally elongated prepuce of a gentile, but am sorry to say that in comparison with the Jew I cut a very sorry figure.—The patient was put to bed, and after having washed their hands, we proceeded to another apartment, where we met the rest of the company, who were all Jews and Jewesses except myself. After the example of Abraham on the circumcision of Isaac, we were invited to a bounteous feast, which consisted of delightfully-prepared mocha coffee, hot rolls, buttered toast, cheese, and fish in various forms, as boiled, fried and baked. The rabbi occupied the head of the table, and having pronounced a blessing in Hebrew, he took a loaf of twisted bread, and breaking off a portion and dipping it in salt, he handed it to his nearest neighbor, and proceeded in the same way to break and dip for all the rest. I observed that they merely tasted the sacrifice seasoned with salt, and helped themselves to something more palatable. As the company was very communicative, I ventured to ask if there was among the Jews a period of abstinence from animal food, like the lenten fast. They said that from the passage "Thou shalt not seethe a kid in its mother's milk," three several times repeated, and from more direct expressions in the Talmud, it is not customary for Jews to eat animal food and milk or its products at the same time. If they partook of animal food, it would not be proper to drink milk in their coffee, or take butter on their bread.

The unhealthiness of the practice of eating thickly-buttered bread with meat, which, though it is never witnessed among the refined, still prevails among the vulgar, will be seen as we proceed.

3. *The Separation of the Healthy from the Diseased.*—To prevent the spreading of a species of leprosy, the utmost diligence was exerted to keep the leper separate from the healthy. Whoever was effected with this dreaded complaint, was obliged to dwell without the camp, wearing, as a mark of distinction, a covering on his upper lip; and when he was approached, to cry out "unclean." When the plague of leprosy was healed,

before he who had been a leper could be admitted to the congregation, the law was, "he shall wash his clothes, and shave off all his hair, and wash himself in water," "and tarry abroad out of his tent seven days." And again, on the seventh day, "he shall shave all the hair off his head, and his beard, and his eyebrows, even *all* his hair shall he shave off: and he shall wash his clothes, also he shall wash his flesh in water, and he shall be clean."

The marked disgrace of dwelling without the camp and wearing a covering on the lip, would doubtless have a very great effect in inducing cleanliness, and to avoid contact with the affected. Similar cautions are given against scald head and some other complaints, which are mentioned in the fifteenth chapter of Leviticus.

4. *The Purification of Women after Confinement and other Seasons.*—The occasional ravages of puerperal fever, which brings such distress to families and disgrace to even the most learned accoucheur, show the propriety of considering a woman unclean, for a certain period after her confinement. I know a most accomplished physician who lost seven females in succession, even though he changed his clothes and took a warm bath; and who only recovered his purity by residing some time in the country. These unfortunate cases injured his good name, and he was charged with the greatest ignorance. Another practitioner was some time ago called to attend the grand-daughter of one of the most influential men in the United States. The patient became affected with puerperal fever, and although everything was done that could be accomplished by the amplest means and skill, she did not recover. As mankind in general are practical and not speculative, the death was attributed to the ignorance of the physician, and not to violation of the statutes of Moses.

There are other seasons when, by the Jewish law, a woman is considered unclean. When she is unwell, not so much as her hand or her garment must be touched during her uncleanness and the seven subsequent days of purification. The reason for this is, that woman, who is depending on man for support, may be preserved from brutality. Throughout nature, the male is violent in his lusts, and when she is without protection, the human female is worse off than the beasts of the field who can provide for themselves.

5. *The prohibition of Marriage within certain degrees of Consanguinity.*—The marriage of relations is another law which requires serious attention. Idiocy, deafness, blindness, or other imperfect development of the offspring, are results which we frequently witness. In one family I observed three cases of congenital blindness in the children of cousins. When I was informed by the mother that she was related to her husband, I stated to a physician, who was present, that the relationship of the parents was the cause of the blindness; she was very much offended, and asked "if I really did believe any such superstition?" At a late visit to the Boston Eye Infirmary, I saw one example of a family who were blind from the same cause. In the New York Institution for the Deaf and Dumb there are several pupils who owe deafness to the relationship of their parents.

6. *Entire prohibition of the flesh of such Animals as are peculiarly prone to disease themselves, or to produce disease when they are eaten.*—By referring to the eleventh chapter of Leviticus, it will be seen that among the inhabitants of the waters, those which have neither fins nor scales are considered an abomination. All carnivorous quadrupeds and birds are forbidden. Among vegetable feeders, those that are particularly interdicted are the camel, the coney, the hare, which is a species of the same animal, and the swine. The interdicted inhabitants of the waters most easily obtained are shell-fish, which are so apt to produce diseases of the skin that intelligent physicians caution those who are affected with cutaneous diseases to guard against them. The prohibition of shell-fish as articles of diet among a people disposed to leprosy, is of itself evident, if there were no other reasons, why they should be avoided; but they are usually eaten without mastication, and without a sufficient quantity of vegetable food, so that they present to the stomach too great a quantity of nutriment in too small a compass. For producing what is called the stimulus of distention, to the stomach, when supplied with aliment too nutritious, the Laplanders, who cannot procure a sufficient quantity of vegetables, grind up the bones of fish and other animals, and use them for bread. The injury to the lungs from too nutritious diet, in a temperate climate, has been well explained by Liebig, and will be soon considered. It is well known that from the occasional poisonous quality of the medusæ on which shell-fish feed, whole families are sometimes made dangerously ill, and some have died. "The habits and modes of living of the French inhabitants of that part of the Province of New Brunswick where leprosy now prevails, have," it is said in the report which I copy from the last New York Journal, "always been pretty much the same, since its first settlement, with those in other parts of British North America, except that the fish which constitutes almost their sole article of food is not, perhaps, of the same wholesome quality as among some of their neighbors, owing to their poverty, which often prevents them from procuring the means necessary to preserve it for use." Though the kind of fish on which the inhabitants live is not stated, yet from the bay and river situation of the district between the "Bay of Chaleur and Miramichi River," now affected with a most alarming species of leprosy, we may suppose that at least some of them are those which are interdicted in Scripture. It might be an interesting subject of inquiry, if what is called salt rheum, leprosy, and other affections of the skin, are not owing to the use of shell-fish and to pork, as both have been long notorious for producing cutaneous diseases.

The flesh of animals which feed on carrion is so disgusting, that it is unnecessary to make any further comment than that many of these animals are peculiarly subject to hydrophobia, which may be communicated not only by wounds, as we hear every season, but, in a case related by Dr. Currie, it was caused by a portion of the saliva of a rabid animal being applied to the lip of a young female, who afterwards died of this horrible disease.

The vegetable feeders interdicted are, I believe, all peculiarly prone not only to scrofulous disease of the lungs, or what is commonly called consumption, but also to scrofula in other parts of the body. I have had no opportunity of examining the camel, but when I was a boy the rabbit was the subject of surgical operations. Although I was not then acquainted with pathology, I can well remember that the wounds exhibited a decidedly scrofulous character. It is stated, I believe by Dr. Ramsbotham, that the rabbit, when confined, is very liable to consumption.

The pig is so remarkable for its susceptibility to the formation of tuberculous matter, that from scrofa, the Latin term for this animal, the disease scrofula has obtained its name. It is said that even hot drinks or sudden changes in temperature will render its flesh diseased and unfit to be eaten. What is called measled pork consists in the flesh being studded all over with points of disease, yet we seldom hear of such a carcass being destroyed; it is usually salted and sold, if the owner has intelligence enough not to make use of it himself.

The ingenious comparison of the lungs to a furnace and of food to fuel, by Liebig, shows the necessity of abstaining from too much greasy diet. Wherever the temperature is low, the combustion of fat and other highly nutritious matter is necessary to keep the body at a proper temperature; but where the weather is generally mild, the fat overheats the furnace or oppresses the lungs, and renders them liable to inflammation. In mild climates a person who would continue to take even half the quantity of grease consumed by an Esquimaux, would soon forfeit his life.

Another illustration of the effect of too much nutritious food on the lungs, may be taken from the treatment of diabetes. For the cure of this complaint a diet exclusively animal was formerly recommended, and the disease was ameliorated, but the patients were very liable to be cut off by inflammation.

The food of hogs is of the most loathsome description. Their nourishment is drawn sometimes from wholesome materials, but frequently from offal, poultices and filth of every kind. Those who advocate the necessity of hogs acting as scavengers to the city, do not consider that they may be recommending the rehashing of garbage for their own stomachs.

It is said that "one great object of the Puritans in coming to New England, was the establishment of a religious commonwealth as nearly upon the model of that of the Jews as the difference of circumstances would admit." To say nothing of other innovations among the descendants of the first settlers, forbidden food is presented at almost every meal. Pork with beans; pork in gravy; pork with fish; pork with chicken; and, it is said, though I do not believe it, pork with molasses.

We must not put too much blame on the pig, when the flesh of all animals is also subject to disease. Tubercles in the lungs and liver, and collections of purulent matter, are frequently observed in oxen. When a butcher has paid his money for an unhealthy animal, it is not very probable that, out of pure philanthropy, he will throw it into the river, and as it would not be sealed by the Jewish inspector, it is dressed up with the fat of other animals and sold out to the gentiles.

Some years ago, while investigating the manner by which the eye is adjusted to distances, I went for recent eyes to a slaughter house. On the lower jaw of one of four or five heads, which were skinned and cut off, I observed an immense cancerous tumor. The butcher politely told me he was not at liberty to sell the eyes, as the heads had been sold to a sausage-maker, who resided at such a place. In the evening I called at the shop of the sausage-maker, and being anxious to cut out the eyes myself, I was admitted through a dark passage to the manufactory. Here all the senses were unusually impressed; the ears were saluted by the guggling sound of what was boiling in large cauldrons; the vapors arising from these cauldrons were not particularly agreeable to the olfactory or lingual nerves. A solitary lamp shed its dismal light through the misty atmosphere, and partially exhibited a squat brawny figure, with large bushy eyebrows, a beard of at least a week's growth, a snub nose, and a dirty face covered with a great profusion of matted whiskers, which would have been of a light color had they been clean. He had on a greasy night-cap, and red flannel shirt with the sleeves tucked up to the middle of the humerus, showing a pair of arms of very unusual strength; while blood and brains and knives and hatchets were strewed around on wooden blocks or on the floor. To tell the whole truth, I did not feel altogether comfortable, yet relying for self-defence on a lancet and my knowledge of anatomy, I advanced and announced the object of my visit to the figure, who answered surlily in unintelligible German. Having a smattering of the language, I said to him, "Ich wunsche ihre augen" (I want your eyes). "Meine augen" (my eyes), said he with a peculiar look; "Nein!" (no!) I then, in a mongrel compound of German, French and English, gave him to understand that I wanted oxen's eyes, and that I would pay him for his trouble. The word *pay* had a good effect, for he immediately showed me a long row of heads, and among them I recognized the one with the cancerous jaw which I had seen at the slaughter house, as well as a quantity of the bloody ends of meat or what are called the sticking pieces; to be mixed, I presumed, with fat pork after they were boiled, and then nicely seasoned with pepper and salt. He not only permitted me to take out the eyes, but also assisted to split open the heads and take out the brains. I went home, richly laden with my purchase, and uttered a eureka of the cause why sausages are sometimes poisonous. I intended to call public attention to the subject, but more important matters required all my time till the impression died away. I consoled myself with the idea that publicity enough had been given to an opinion of the composition of sausages, just as disgusting, though it is no more than fair to say I did not observe any young kittens during my visit.

To eat that which died of itself, or was torn by beasts, is not only inconsistent with scripture, but with common sense. The inference is natural, that an animal which died of itself suffered with disease; and that that torn by carnivorous animals which are liable to hydrophobia, is unsafe. To say nothing of canine madness, which is the direst and most certain of deaths, we have frequent opportunities of witnessing that the diseases of the lower animals may be communicated to man, and *vice* *versa.* Glanders may be communicated to the human subject, and butchers sometimes die of wounds poisoned by diseased oxen. When smallpox prevails, it may be taken by the cow, and, though somewhat modified, it may be again communicated to the human subject, and afford as perfect protection from another attack as if the patient had suffered the original disease. Although individual cases might be quoted showing that consumption is infectious, the truth of the assertion is by no means generally ascertained ; yet its contagious nature is proved by, I believe, the only experiment recorded. The celebrated Laennec, when examining a scrofulous lung, cut his finger, which afterwards became inflamed and filled with tuberculous matter. As scrofula is emphatically a pig's disease, it cannot be supposed that pork can be always eaten with impunity, and that diseased flesh will not sometimes effect the constitution. We may thus explain, literally, certain passages of scripture which are considered metaphorical. Independently of the remorse and certain punishment for false worship, disobedience, murder, adultery, theft and false hood, elsewhere recorded, it is stated in Leviticus xxvi., 14, 16.—"But if ye will not hearken unto me and will not do *all* these commandments," "I also will do this unto you, I will even appoint over you terror [hydrophobia ?] consumption, and the burning ague that shall consume the eyes [typhoid fever from diseased flesh ?] and cause sorrow of heart." The advantages, on the other hand, are stated at a former part of the chapter. "If ye walk in my statutes and keep my commandments and do them [so great will be the mental and bodily vigor you will acquire], five of you shall chase an hundred, and an hundred shall put ten thousand to flight. For I will have respect unto you and make you fruitful and multiply you." Again, in Exodus xv. 24—"If thou wilt diligently hearken to the voice of the Lord thy God, and keep *all* his statutes, I will put none of these diseases upon thee, which I have brought upon the Egyptians."

From all that has been written, we may see the vast superiority of the laws of the Jews over those of the gentiles. While the citizens of New York pay fifteen thousand dollars a year for an inspector of tobacco, and considerable sums for inspectors of lime, lumber and charcoal, they have no inspector of animals, nor any unclean place where they may be slaughtered. The Jews, on the contrary, have a man whom they can trust to kill their animals, in a proper manner, and to point out to them by his seal the meat which is wholesome. That he may not be stimulated by want to place his mark improperly, each congregation gives its inspector five hundred dollars a year, and permits him to charge a fee of fifty cents for every ox which he seals. When a butcher, who supplies the Jews, wishes to provide for them, he selects one of the finest oxen, and sends for the inspector. A rope is cast round the animal, and he is drawn up with the aid of a pulley and windlass ; the throat is exposed, and the inspector, with a long sharp knife, cuts it nearly to the spine at a single stroke. By the sharpness of the instrument and the extent of the wound, the blood gushes out in torrents ; the animal is farther hoisted up ; by degrees the red blood ceases to flow, and nothing comes from the wound but serum limpid as water. The carcase is then lowered ; the inspector cuts into the chest; examines the heart and lungs; puts in his hand to ascertain if there are adhesions, and that all is healthy. He next examines the abdomen to observe the condition of the liver, &c.; and if he is satisfied, he thrusts a knife through portions of the flesh and fixes several leaden seals, impressed on one side with the Hebrew initial of the month, and on the other side with the day of the month, in a manner similar to that by which seals are attached to cloth. He is present again when it is cut into pieces, and affixes his seal to each portion. When Jews go to market, they can thus easily distinguish what kind of meat is healthy, and what, it is possible, may contain tubercles, abscesses, or sores.

[To be continued.

POISONING FROM COBALT—DEATH OF THE PATIENT.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Should you regard the following case of sufficient interest to occupy a place in the Journal, it is at your disposal.

At half past 7 o'clock, P. M., Sept. 26th, 1844, I was called, in great haste, to visit a child of Mr. Wm. Merrill, residing in an adjoining town, and about three miles distant, who, the messenger said, had taken, an hour before, some cobalt which had been prepared for the destruction of flies.

I found the patient—an interesting little boy and only child, aged 2 years—lying quietly asleep, with breathing easy and regular; pulse deviating but little from natural, except rather more frequent; surface of ordinary temperature; extremities warm; no tenderness manifested on pressure being made over the region of the stomach and bowels; no tumefaction. Vomiting took place freely in ten minutes after the poison had been swallowed, which continued to recur at short intervals for an hour or so, and by which considerable quantities of a fluid substance were ejected from the stomach. So free had been the emesis, and at so short a time after the poisonous draught had been taken, that I deemed it unnecessary to provoke it further by the administration of any emetical substance, and hence advised the free use of mucilaginous drinks and a dose of ol. ricini to move the bowels.

Supposing the deleterious agent had, in all probability, been removed from the stomach, and observing no portentous or alarming symptom present, I was led to believe that the little fellow would, in the end, recover. In the course of fifteen or twenty minutes he awoke, and I allowed a draught of warm milk to be given him, which was, in a short time, thrown up, and soon after this there occurred a copious dejection from the bowels; he was again easy and soon fell asleep. I had consented to remain through the night, and being somewhat fatigued, laid down, directing the attendants to call me should the symptoms indicate an unfavorable change. I had not lain long before I was aroused, and found my little patient alarmingly worse. Breathing hurried and laborious; pulse small and very frequent—could hardly be counted; thirst urgent and almost unquenchable; extremities cold; countenance expressive of great suffering and distress. I immediately commenced the use of mild opiates and the diffusible stimuli—ordered sinapisms to the feet, and frictions to be made upon the extremities, and then envelope them in hot flannels.

In about fifteen minutes he became comparatively easy; the pulse grew fuller and more distinct, the extremities warmer. This calm was, however, of short duration. The above-named threatening symptoms soon returned with increased violence, in despite of every effort to support the flagging powers of the system. The pulse became smaller, weaker and more frequent; the breathing more hurried, irregular and laborious; the extremities permanently cold, and covered with a clammy sweat; much writhing and other evidence of pain and suffering; the eyes rolled up and fixed in their orbits. Very soon all the symptoms acquired a most alarming and distressing degree of violence. The countenance assumed an exceedingly pale and sunken appearance; the pulse and vein became extinct; slight coma ensued; respiration ceased, and closed the painful scene at 2 o'clock the following morning—the patient having lived but 7½ hours after the cobalt was received into the stomach. I regret to say, there was no *post-mortem* examination made.

Allow me to remark, that our house-wives in this section of the country are, very generally, in the habit of employing the cobalt of the shops (which I presume is the peroxyd of the metal) for the destruction of flies. It is reduced to powder, put upon shallow dishes, simple warm water or sweetened water poured upon it, and then placed in convenient situations to be sipped by these troublesome little insects. And sometimes, through carelessness or inadvertency, it is left within the reach of children, who know no better than to eat it, and seeing the article is so generally used, the only wonder is, that its fatal effects are not more frequently experienced. Now I would caution all those who use this destructive agent, against carelessness or neglect, for it is, most assuredly, a very deadly poison.

Since the above case occurred, I have been informed that, in Churchville—a small village six miles east of my residence—during the past summer, a child died from taking the same substance. It lived but a few hours after the poison had been swallowed. And a little favorite dog of one of my neighbors, happened to lap a portion of it, and died in the course of an hour or two.

The above case is the only one of the kind I have ever witnessed, and I report it for the sake of gaining information—with the hope that you, or some one of your numerous correspondents, who has had experience in similar cases, will have the goodness to give us some light on the subject.

What is the nature of the action of cobalt on the animal economy—or, in what way does it produce death? What may be regarded as an antidote? or, in other words, what is the most rational course to be pursued in a case of poisoning from this article? and shall we class it with the other irritative mineral poisons? I am, dear sir, respectfully yours, &c.

North Bergen, N. Y., Nov. 4th, 1844. LEWIS HURD.

MERCURY, AS EMPLOYED BY HINDU PHYSICIANS.

[Communicated for the Boston Med. and Surg. Journal.]

Mercury appears to have occupied, from remote antiquity, a prominent place in the materia medica of the Hindus. It has been so long in use, that it is difficult to determine at what period it was introduced. As it is described in some of the most ancient manuscripts, I conclude it must have been used for more than two thousand years.

Mode of Preparation.—The following is the most common method employed by practitioners in this part of India. The crude mercury is first mixed with a small quantity of turmeric. A quantity of sulphur simmered with butter is then added, and the whole thoroughly ground together. Another preparation, called "ashes of mercury," is sometimes employed. It is prepared in the following manner. Mercury is mixed with pulverized turmeric as before. A quantity of the juice of sorrel and tamarind leaves is then added, and the mass made into small cakes and dried. It is then burned in a close vessel for twenty-four hours, and is reduced to powder. These preparations are administered in similar doses, and with the same design, but the "ashes" is said to be rather more powerful in its operation.

Mode of Administration, &c.—This, like most other medicines, is seldom administered alone. The Hindus are peculiarly fond of combinations. In some fifteen or twenty prescriptions containing mercury, which I have examined, I have seldom found it combined with less than six, and frequently with as many as twenty or thirty other articles, so that it is difficult to determine in many cases what its specific effects may be. In the treatment of the following diseases it forms a prominent part.

1. In spleen, three grains are administered daily, in combination, until ptyalism is produced. This treatment is at variance with the practice of European practitioners in this country, who have usually found the most disastrous consequences resulting from the administration of mercury in spleen disease. The native practitioners, notwithstanding, are somewhat partial to it, and their treatment is frequently successful. It is probable that their mode of combination tends to counteract its unpleasant effects.
2. In continued fever, three grains daily are administered. This is considered as a powerful remedy.
3. In syphilis, two grains in combination, given daily, until ptyalism is produced, seldom fails to cure.
4. In diarrhœa, attended with febrile excitement, one grain is administered daily, in combination with thirty-nine other articles.

Mercury is also administered in many other diseases, but these examples will serve to illustrate its use. The Orientals, as before observed, are passionately fond of combinations, as the last prescription clearly indicates. They think that in variety there is the greater chance of success, since if one remedy fails, some one of the multitude must reach the disease and produce the desired effect.

Syphilis.—The following case may serve to illustrate the rapidity with which the people of this country frequently recover from the most loathsome diseases, when subjected to the power of medicine.

A Musselman, aged about 30, with syphilis of long standing, applied for relief. His personal appearance was most disgusting. He was wasted to a mere skeleton, and his body was covered with old cicatrices, the result of former disease. A foul, ragged ulcer, of the size of my hand, occupied the leg just below the knee, denuding the tibia at several points. A considerable portion of the scrotum had sloughed away, leaving the testicles exposed. The stench which his sores emitted was intolerable. To still the poor fellow's clamor for medicine, I gave him a few doses of calomel, not expecting he would survive more than a few days. He came back, however, in two or three days, and appeared to be no worse. I directed him to continue the calomel until copious ptyalism should be produced. As I saw him no more, I supposed he was dead, but was very much surprised, as well as gratified, some few weeks after, to meet him in the street, apparently quite recovered. His ulcers had healed, and he had become quite fleshy.

Fissure of the Soft Palate.—The following case appeared somewhat interesting to me, especially so as the result was unexpected.

A girl, about 12 years old, came to me with fissure of the soft palate. The fissure presented the following appearances. It was situated in the middle of the soft palate, and was about 1½ inch in length by ½ inch in breadth. Its edges were somewhat jagged and inflamed, with a slight discharge of pus. At about four lines to the left of this, I observed what appeared to be the commencement of a second fissure. She had experienced much difficulty in taking her food, as it constantly passed into her nose. From being, as her mother said, "an excellent singer," her voice had become very disagreeable, and she could articulate but with the greatest difficulty. As the disease was evidently of syphilitic origin, I gave calomel to produce ptyalism, and touched the borders of the fissure, daily, with the solution of nit. silver. In four weeks the small fissure had entirely disappeared, and the larger one was reduced by one half. Not suspecting that a cure could be effected without an operation, I proposed to pare the borders of the fissure, and unite them by sutures; but as I was about to commence the operation, the patient became frightened and fled. I saw her about one year after, when the fissure had entirely closed, and she experienced no difficulty in eating or articulating. Her mother informed me that she continued to improve from the time she left so abruptly, and in a few weeks was entirely cured.

Balasore, Hindostan, Aug. 10, 1844. O. R. Bacheler.

CASE OF LACERATED PERINEUM—OPERATION—CURE.

[We find the following case in the last No. of the New Orleans Medical Journal. It is related by Dr. William B. Lindsay, of Plaquemine, La.]

184–, May.—Madam R. is 30 years of age, delicately constituted, of a nervous temperament, a cultivated mind, and an estimable member of the society in which she lives. She has been married ten years; her general health has not been good since her marriage; she is the mother of three children. She informed me that during her last *accouchment* she was unfortunately attended by an old woman who calls herself a midwife. (There is always one like her in every village.) This famous character, always ignorant and frequently drunk, often made short work of her obstetrical cases, especially when dame nature was disposed to be a little tardy in her movements: in the present instance the child was forcibly taken from the mother, and a complete *laceration of the perineum* was the consequence. Ever since her delivery she has been confined to her room. The sphincter ani having been ruptured, she has been constantly troubled with involuntary alvine discharges, she has also labored under the most distressing pains caused by a prolapsus uteri; the uterus I found, on examination, hanging without the vulva. Never having had any case of the kind under treatment before, nor having ever seen an operation in any similar case, I did not promise to cure my patient. Death, however, being preferable to life in her present condition, she concluded to submit herself to my hands. Three or four days previously to operating, I put her upon a simple diet of milk and corn meal mush. I gave her daily a few grains of pulv. rhei, together with as many of super tartras potassæ, which kept her bowels in a free and easy state, and prevented the accumulation of indurated fæces in the rectum, which occurrence would, of course, have frustrated the success of the operation. She was placed upon her back from the first of the treatment, with directions to use no physical exertion; by means of a pillow the pelvis was elevated a little above the thorax, which position enabled me to return with facility the uterus to its proper situation.. At the appointed hour, with a female friend to console and encourage my patient, I commenced my operation. With a small dissecting forceps and a pair of bent scissors (such as are met with in any pocket-case), I cut away on each side the rough, unevenly cicatrized edges of the lacerated perineum, making, as well as I could, two clean cuts of six lines in width, and at least two and a half or three inches in length. It was necessarily tedious and painful, but my patient bore it well. I inserted three *interrupted sutures*, one near each end of the cuts, and one in the middle; the threads were passed through in a way best calculated to bring the opposing cut surfaces in apposition. She was allowed to remain in this condition three days, taking the medicines before mentioned daily. On the morning of the fourth day after the operation, I examined the wound and removed the sutures; the anterior or vaginal half of the wound was healed by the first intention, but to my sorrow I found the other half had not united, the fæces having passed through the inner part of the wound into the vagina, and escaped by the vulva. Having obtained her consent, I again cut anew the opposing surfaces which had not adhered. I found this tedious and difficult, as there was danger of undoing all that had been already effected. I inserted sutures again, and was careful to have the parts nicely adjusted. Diet and treatment same. On the morning of the third day I removed the sutures and found the wound united throughout by the first intention; the alvine discharges were now passed only per anum. I kept her in bed and on her back, and under the same diet and medicines for two days, at the expiration of which time she was entirely cured. Wounds in those parts, like wounds on the scalp, heal more kindly than in many other places, owing to the bountiful supply of blood which is carried to them. I cannot refrain from observing that my own satisfaction at the result of the operation, was only surpassed by the gratitude and delight of my patient. Within a year from this time she had intermittent fever and sent for me—I found her with severe *labor pains;* in an hour she was delivered of a fœtus three months old, which seemed to surprise her, as she stated distinctly that she had not the remotest idea of her situation. She recovered directly; since which time, I have not seen or heard from her, as I am not now living in several hundred miles of her.

ACTION OF WATER ON LEAD.

A very important communication has been made on this subject by Dr. Christison to the Royal Society of Edinburgh, which has been since published in their "Transactions" (Vol. XV., Part 2). A few years ago, the doctor was led to examine the water introduced into a dwelling by a lead-pipe, from a distance of three quarters of a mile. It was remarked that the water fresh drawn from the pipe *was perfectly transparent at first,* but on exposure to air, it quickly presented a white film, afterwards ascertained to be carbonate of lead. This water had been previously examined by Dr. Christison, and he had concluded that it contained salts enough to prevent corrosion of the lead, from the circumstance that several pieces of the fresh-cut metal retained their lustre when immersed in it for a period of fourteen days! "I did not," he observes, "at the time, advert to the difference between an experiment, in which some ounces of water were left at rest on a few square inches of lead, and one in which a column of water, only three quarters of an inch in diameter, flowed constantly over a surface of nearly 800 square feet." On analysis, this water was found to contain but a very small portion of saline matter (21,400th part), and the salts were of such a nature as to have the least protective influence. The remedy adopted, was to leave the spring water at complete repose in the pipe for a period of four months, so as to allow the carbonate to crystallize slowly and firmly on its interior. "This experiment was attended with complete success. The water was then found to flow without any impregnation of lead, and has done so ever since."

In another case, the water gave rise to the effect of slow poisoning by lead; and here again it was observed—a fact hitherto not noticed by toxocologists—that it was quite transparent when first drawn, and only acquired an incrustation of carbonate of lead after being exposed to air for some time. In this instance, the water contained a large proportion of saline matter (the 4460th part); but on analysis this chiefly consisted of chlorides—the salts which have the least effect in preventing the action of water on lead: while the really preventive salts, commonly contained in the terrestrial waters (sulphates and carbonates), were present only in the minutest places. Polished lead was found to be tarnished by it in a few hours. The remedy adopted in this case was to keep the pipes constantly full of a solution containing a 27,000th of phosphate of soda. After the lapse of about three months, it was found that the water contained no traces of lead.

This last case establishes, that it is impossible to determine merely from the quantity of saline matter contained in water, whether it is liable to become impregnated with lead or not. The salts may be of a nature to have little or no *protective influence* in the proportion in which they exist.

Dr. Christison has found by his experiments, that the compound produced under these circumstances is not, as it is commonly supposed to be, a pure crystalline carbonate of lead, but that it is formed of two equivalents of carbonate of lead with one equivalent of hydrated oxide of lead. This compound is permanent in the air, and is only converted to neutral carbonate by suspending it in water and treating it with a stream of carbonic acid gas. It would appear from the analysis of Mulder, confirmed by that of Christison, that even the white lead of commerce is not a pure carbonate, but a compound of four equivalents of carbonate to one equivalent of hydrate. The most simple method of preventing water from acquiring a poisonous impregnation by lead, available under all circumstances, is that of allowing it to remain for some months before use in the pipe or cistern. This gives time for a firm crystalline deposit of carbonate to attach itself to the surface of the metal, whereby all further action is prevented. It is not uncommon to find this deposit regarded by ignorant people as the result of the hardness of the water;—it is scraped off and a fresh surface of metal exposed, so that in a case of this kind, water from a particular cistern may have been for a long time used with impunity—and yet suddenly give rise to symptoms of lead-poisoning, probably to the surprise of the medical attendant and the parties affected.

The conclusions of Dr. Christison are of such importance in a medical point of view, that we here subjoin them. 1. Lead-pipes ought not to be used for the purpose of conveying water, at least where the distance is considerable, without a careful chemical examination of the water to be transmitted. 2. The risk of a dangerous impregnation of lead is greatest in the instance of the *purest* waters. 3. Water which tarnishes polished lead when left at rest upon it in a glass vessel for a few hours, cannot safely be transmitted through lead-pipes without certain precautions. Conversely, it is probable, though not yet proved, that if polished lead remain untarnished, or nearly so, for twenty-four hours in a glass of water, the water may be safely conducted through lead-pipes. 4. Water which contains less than about an 8000th of salts in solution, cannot safely be conducted in lead-pipes, without certain precautions. Even this proportion will prove insufficient to prevent corrosion, unless a considerable part of the saline matter consist of carbonates and sulphates, especially the former. 6. So large a proportion as 4000th, probably even a considerably larger proportion, will be insufficient, if the salts in solution be in a great measure muriates. 7. It is right to add, that in all cases, even though the composition of the water seems to bring it within the conditions of safety now stated, a chemical examination should be made of it after it has been running for a few days through the pipes. For it is not improbable that other circumstances, besides those hitherto entertained, may regulate the preventive influence of the neutral salts. (It may be here suggested whether organic matter in water, which has a strong tendency to combine with oxide of lead, may not have some influence.) 8. When the water is judged to be of a kind which is likely to attack lead-pipes, or when it actually flows through them, impregnated with lead, a remedy may be found either in leaving the pipes full of the water and at rest for three or four months, or by substituting temporarily for the water a weak solution of phosphate of soda, in the proportion of about a 25000th part. I have found that sulphate of lime, when it forms about the proportion of a 5000th part, also acts as a good preservative. This salt, as plaster of Paris, is easily procurable in most localities.—*British and Foreign Medical Review.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1844.

The National Institute at Washington.—The proceedings, thus far, of the Medical Department of the Institute, were detailed in a report presented at a late meeting of the Department, by Marcus C. Buck, M.D., the Secretary, extracts from which have been politely forwarded to us. The proceedings consist in reports and discussions on the various medical essays which have been presented to the Institute, and on the replies to the Department's Circular. This Circular was issued in January, 1843, and was soon after inserted in this Journal. With the extracts above alluded to, have been placed in our hands most of the communications which have been made to the Department, with reports on them by committees. We shall hereafter receive others, as they are ready for publication, and shall endeavor to find room for all which are likely to prove interesting to the readers of the Journal. An abstract of one was inserted in our last volume. As several of these communications are answers to the questions contained in the above-named Circular, we have concluded again to publish it, that the replies may be more readily understood. It may be found on our last page to-day. Among the papers which have been already forwarded to us, are—various replies to the Circular; an essay on fever, by Dr. Hodgkins, of London, an honorary member of the Institute, with two interesting reports on the same, and an essay on echinococcus and acephalocysts by the same author; a case of retained fœtus; and Dr. Miller's report of a case of colloid tumor. Other papers are in the hands of the officers of the Institute, but from various causes are not now ready for publication.—The Institute should receive the countenance and support of medical men throughout the Union; and we trust the publication of its papers, as announced above, will produce for it the favorable result which such a course always produces, and which nothing else can produce, for a meritorious scientific institution.

Lectures on Eruptive Fevers.—Another instructive volume has come from the medical press of Messrs. Lea & Blanchard, which will be well received by the profession. Dr. Chapman, of Philadelphia, is sparingly dealing out to the public, selections from his valuable lectures, but judiciously takes such parts as are of universal importance. Perhaps the name of the author will command as much confidence as that of any professed medical teacher in this country. It is one of the anomalies of modern times, that many of the leading men of the medical schools have but a limited influence beyond the portals within which their doctrines, and the theories they strive to establish, are promulgated. And the reason is obvious: the place they occupy is too frequently mistaken for the centre of the universe and the focus of knowledge. However distinguished a deserving man may be, and although he may shine a second sun in the firmament of his imaginary creation, it is only by addressing himself to the great world at large that he can hope for a true literary or scientific fame, or give a general character of authority to his opinions. Dr. Chapman has been a star of magnitude at home, whose rays are spreading and enlightening minds that would never have known that the author existed, were it not for his writings. We take pleasure, therefore, in announcing the appearance of another work, which cannot fail to have a circulation quite as extensive as the writings of his which have preceded it.

This is a treatise on *Eruptive Fevers, Hæmorrhages and Dropsies, Gout and Rheumatism.* As a whole, medical gentlemen will prize it—because it is not theoretical but eminently practical, and therefore a welcome messenger. It is a generous octavo, well printed and bound, containing 448 pages, and may be had at Ticknor & Co.'s in Boston.

Water-cure Journal.—Messrs. Campbell & Whitmarsh are the publishers of a newly-projected periodical with the above title, at Boston, New York and Philadelphia—which is spreading over considerable ground, and shows that an extensive circulation is contemplated. Before remarking upon other matters pertaining to this enterprise, we cannot refrain from saying a word about the publishers—who have our sympathy on account of the losses they have probably sustained in by-gone days, by being connected with publications invariably opposed to the prevailing opinions of a majority of mankind. Mr. Campbell sustained the dead weight of the Graham Journal on his own shoulders, till he was finally obliged to step from under the load, when it went to the ground, where the offensive originator of the doctrine soon found himself—abandoned by that coterie of bran-bread reformers, who fancied themselves, for awhile, high commissioners, with authority to dictate what kind of pudding should be tolerated in civilized states. Was there not, also, a journal sent forth by Mr. Whitmarsh, with a declared intention of driving money out of the market? If the editor had carried his original intentions thoroughly into operation, the singular spectacle of bartering a thing for which one had *no use, for something which he must have*, would have been quite common in this country. It would have been, on a large scale, precisely what is done daily in a small way in the pawn-shops. There garments, silver spoons, and other unnecessary appendages of over-civilization, are exchanged—and for what?

To return—these gentlemen, for whom we have a personal respect, from a conviction that they are desirous of doing good in their day and generation, provided it can be done according to their notions of what good is, are once more embarked in a new cause. The Water-cure Journal, edited by Joel Shew, M.D., like all last novelties, is presented as the great needful: the philospher's stone has been discovered; it is water—scientifically applied, inside and out. But it will be labor in vain to reiterate the old vulgarities of Priessnitz, with an expectation of making people of intelligence the dupes of the would-be water kings, who are hoping to get into notice, and who doubtless will to a certain extent. It is all of a piece with homœopathy, defunct Grahamism, Mesmerism, and some other isms that are disgraceful to the character of the present age.

Medical Matters in Maine.—Last season some comments were made on the objectionable policy of the Trustees of the Medical School at Brunswick. On inquiry, it is discovered that they are still pursuing the same course, which will by-and-by end, we fear, in still further injury to the institution. A resident faculty is its only redemption from mediocrity—and certainly the only method that can be adopted for raising it up to that proud position which it might and should have in the thrifty state of Maine.

Is there another college among us so singularly conducted? The professors journey from east, west, north and south, towards the appointed place, air the damp halls, kindle fires, take the fees, lecture fast, and leave the place. Thus the faculty and the students are mostly strangers to the town, and to each other, and, for all practical purposes, so far as the lecturers are concerned, might as well have a course in the cabin of the steamboat which conveys them there. Whenever the trustees fairly perceive that they are injuring the prospects of a school, which is still creditable to the State, it is presumed they will be ready to give place to those who may see, before it is entirely too late, that a resident faculty of medicine is indispensable to the welfare of the school. It would effectually prevent the organization of a new one, either at Bangor or Portland. If such a movement is made in a place where there is medical talent of a high order, it would probably ever after keep down the tardy efforts of the Medical Department of Bowdoin College.

Health of New Orleans.—From the third No. of the New Orleans Medical Journal—which periodical we supposed had come to an untimely end, from not having heard anything of it since the appearance of No. 1

—we extract the following gratifying intelligence respecting the health of that city.

"The health of New Orleans was perhaps never known to be better than from the beginning of this year up to the present time. No epidemic whatever has prevailed, and the most extensive practitioners of the place unite in the testimony that they have never had less to do during the same period.

"The summer has been one of the hottest ever experienced; with frequent showers during July and August, as will be seen by the abstract of our meteorological tables. Thus it would appear we have had a large share of *two*, of what have generally been considered the most *essential agents* in the production of the remote cause of summer and autumnal diseases, i. e. *heat* and *moisture*. As to the other ingredients, viz., *dead vegetable and animal matter*, one would suppose there was never any deficiency about such a place as New Orleans. Well, we have here all the *hypothetical elements* of *hypothetical malaria*—but where are the much dreaded consequences? We will go on with our statement of facts, and our readers may draw their own conclusions. The Mississippi, which runs along the border of our city for about three miles, has probably not been higher within *fifty years* past. Its waters being considerably above the level of the city, were permitted by means of culverts to pass into the gutters, and thus to flow along the principal streets in continued streams to the swamp in the rear. These lively streams, to the width of at least a mile along the heart of the city, have continued to flow from May to about the 10th of September, when their source was cut off by the falling of the river. The descent from the river to the swamp, is about four or five feet; lessening as you recede, till the waters in the gutters at the back part of the city (a distance of a half to three quarters of a mile), are almost stagnant. The scavengers usually draw out the thick muddy contents, with hoes, and after drying, it is carted off. The supply of fresh water this season must have had a salutary influence upon these *filthy sewers*. Since the decline of the river, an immense *batture* along the whole extent of the city has been exposed to the rays of an autumnal sun, but little mitigated by clouds or rain, for four or five weeks past. The effluvia from this batture is quite offensive, both in the morning and evening.

"Such is the state of the case; and under such influences, New Orleans has been, and continues to be, one of the healthiest cities in the world."

Medicinal Action of Cochineal.—Since the attention of the medical profession has been directed to the use of cochineal, its efficacy in hooping cough has been confirmed on all sides. Prof. Schneemann has employed it in Munich with the most favorable results. Cochineal is, however, not only used in the form of powder, as already mentioned, but may also be advantageously combined as a *linctus*, with syrup. But it must be observed that the carbonates of soda and potash, which dissolve its active principle, and form a new combination with it, constitute an essential principle of the remedy. Cream of tartar does not seem to answer so well in combination with it, as either of the above alkaline carbonates.—*Buchner's Repertorium.*

Otitis Chronica.—Professor Velpeau recommends the following treatment in chronic external otitis, with, or without, discharge:—1. Inject into the meatus auditorius, successively, one of these solutions, each being employed a week: decoctum hordei, sweetened with honey; a weak solution of the plumbi acetas; a decoction of the folia juglantis regiæ.—2. Drink, during the whole time, as a tisanne, an infusum foliorum juglantis regiæ.—*London Medical Times.*

Fissure of the Anus.—Professor Trousseau recommends Dr. Bretonneau's treatment in this disease, viz., lotions with an infusion of ratanhia: R. Rad. ratanh. ℈v.; aquæ bullient. lbij. M. If the fissure is superficial, the patient may make use of a sponge imbibed with the lotion; but, when it is deep-seated, he must make use of a *clysopompe*, allowing the water to flow back as injected, so as to wash the part; this must be done for about five minutes. A few days are sufficient to obtain a cure. Cauterization with the nitras argenti is likewise a good means of obtaining their cicatrization.—*Gaz. des Hopitaux.*

Medical Miscellany.—Dr. Andrews, of Cambden, N. J., was recently thrown from his carriage and seriously injured.—The Cleaveland, Ohio, Medical School is said to have a hundred students the present term.—A Mrs. Jordan, of Boston, advertises in the Providence Daily Journal, that she will be in that city and ready to practise *pathetism*, on Monday, Dec. 2d!!—A meeting of physicians was to be held in New York, last Friday, to express sentiments of respect for the memory of the late Dr. Forry.—It is stated in the New Orleans Medical Journal that the towns and villages throughout the Southern States are more healthy than the country residences.—Mr. M'Diarmid recommends a solution of ten grains of tartar emetic in an ounce of distilled water as a counter-irritant application, to be used in lieu of the ung. antim. tart., the use of which is disagreeable to many persons.

Dr. Bigelow's Introductory.—Next week the Journal will contain the whole of Professor Bigelow's Introductory Lecture, delivered at the opening of the present lecture term in Boston.

Married,—At Philadelphia, Dr. Thomas A. Reilly to Miss H. Harding.—At Hinsdale, N. Y., Dr. Wm. W. Welsh, of Norfolk, Conn., to Miss E. Collin.—At Norwich, Conn., Dr. A. G. Gambril, U. S. N., to Miss L. Beers.—In Boston, Dr. J. A. Leseur to Miss F. Wilkinson.—At Albany, Dr. Alanson Abbe, of Boston, to Miss M. L. Douw.—At Montreal, Dr. Louis E. Landry to Miss A. Quesnel.

Died,—At New York, Samuel Forry, M.D., editor of the New York Journal of Medicine, late of the U. S. Army, and formerly of Gettysburg, Penn.—At Lockport, N. Y., Dr. Edward T. Ferguson, 25, of Aberdeen, Scotland—a son of Dr. Ferguson, of that city.

Number of deaths in Boston for the week ending Nov. 16, 29.—Males, 17; Females, 12. Stillborn, 8. Of consumption, 5—drowned, 1—lung fever, 2—old age, 2—disease of the heart, 1—scarlet fever, 3—croup, 1—typhus fever, 2—liver complaint, 1—infantile, 1—teething, 2—abscess, 1—debility, 1—hæmorrhage, 1—convulsions, 1—inflammation of the bowels, 2—bilious fever, 1—fits, 1.

Under 5 years, 8—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 4.

National Institute.—The following is the Circular issued by the Medical Department of the Institute.

1. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?

2. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?

3. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?

4. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?

5. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have under any circumstances been transmitted by contagion?

6. What change has taken place in the type of disease within a series of years in your district, and to what is such change to be ascribed?

7. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion, and from what causes?

8. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?

9. What is the relative degree of health, longevity, and increase of the slaves and free blacks; which suffers most from the influence of our epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?

10. What is the annual number of marriages, births, and deaths, to each thousand of your population, and what is the proportion of male and female children born?

11. Have you any cases of great longevity; what have been the occupation and habits of such persons, and were they natives of your district or emigrants, and from what country and place?

12. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon the duration of life, the health, strength, and activity of the body and mind?

13. What has been the effect of the temperance reformation upon the strength and health of your citizens?

14. The history of any interesting cases of disease which may have occurred under your observation, and especially in which the pathology was ascertained by *post-mortem* examination, will be regarded as valuable. The discovery of new therapeutic agents, or the new application of old ones; also, meteorological observations, with whatever else illustrates the origin, progress, nature and cure of diseases?

15. Pathological specimens of morbid structure, with an accompanying history of the origin, progress, and termination of the cases, will be highly acceptable. Such specimens will bear the name of the donor, and be placed in the National Museum.

16. As one object of the Institute is the formation of a Library, the undersigned will be obliged by the presentation of a copy of your own medical works or those of others, which it may be convenient for you to bestow.

All communications should be addressed to Francis J. Markoe, Jr., Esq., Washington, Corresponding Secretary of the National Institute.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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[IT is exceedingly gratifying to us to lay before the readers of the Journal, the introductory discourse delivered by Prof. Bigelow, at the opening of the present lecture term, in the Mason Street College. We solicited permission to publish this excellent paper, which has been kindly granted. Dr. Bigelow is extensively known as a medical author, whose writings are destined to exert an influence in after times. The College, we understand, was never more prosperous, the class being uncommonly large.—ED.]

INTRODUCTORY LECTURE,

Delivered at the Medical College, Boston, November 6th, by Jacob Bigelow, M.D., Professor of Materia Medica and Clinical Medicine.

I AM about to address myself to an audience of young men, a class of persons who, in our new and active country, assume an influence, and wear a responsibility, unknown in the older communities of Europe. The sparse character of our population, the call for active and efficient men, the sure market which exists for talents, and even for common ability and prudence, have given a national precocity to our youth, and a readiness in adapting themselves to new and difficult spheres of action. I have heard foreigners speak with surprise of the arrival, in distant parts of Europe or India, of American ships commanded, not as is usual by weather-beaten veterans, but by beardless striplings. The signs of our mercantile houses bear often the names of very young men, and the avenues of our professions are so crowded with them, that perhaps no regulation is more liable to be infringed than that which requires that professional candidates shall be 21 years of age. Young men figure in the ranks of our military corps and swell our political meetings. Their voice is heard among us in the periodical press and in the halls of legislation.

These precocious habits of our country have of course been felt in the medical profession. In most of the schools of Europe, medical honors are not conferred until after a noviciate of four and more frequently five years, during which an extensive circle of sciences is obliged to be mastered, and to be approved by a series of strict examinations. Not only are the essential branches of medicine required to be fully understood, but they must be preceded by a knowledge of the subsidiary sciences, and must also be confirmed by practical and clinical experience.

With us, on the other hand, the short period of three preparatory years devoted to regular study and lectures, may be said to constitute nearly the sum total of a medical education; for the collateral requirements are so small that their acquisition is often effected during the same three years which are applied to the other branches. And a young man who has learned to read and write, issues from the village school, or perhaps from the counter or the plough, and in three years is licensed, and declared competent, to exercise the multifarious profession of medicine and surgery in all its departments. As it often happens in this and similar cases, the newly-approved candidate sends forth his anxious glance, directed not always to his own deficiencies or the means of supplying them, but to that common goal and object of a young man's inquiry, which is to fill up the measure of his practical aspirations —an opening. By the timely decease of some elderly practitioner, or by the fortunate discovery of a rising settlement in some distant State, or on some promising water power; he finds himself, perhaps at short notice, installed, under virtue of the acquiescent silence of the small community in which he lives, the constituted physician of the place. In one month, perhaps in one week, he may be called upon to diagnosticate organic lesion in a case of life and death, or to treat the most formidable convulsive disease. He may be summoned to tie the femoral artery, or to decide and deliver in a case of placental presentation. There may be no consulting physician within many miles, at least none who can arrive in season for the emergency.

The safety, then, and probably the lives of the unfortunate constituents of this young man, will depend upon the question whether he has, or has not, been truly educated, whether his mind and hand have been adequately trained for the great occasions that await him. It is not enough that he has suffered three years to expire while taking his ease in the office of a city physician, nor that he has passed a corresponding time in following the rounds of a country practitioner. It is not enough that he has carelessly read the works of approved authors, and has squeezed through the customary academic examination. If he has done only this, it is more than probable that failure awaits on himself and disaster upon his patient. But if his studies have been methodical and conducted with an eye to practical application, if he has concentrated his attention upon necessary points, if he has felt the earnest interest which, more than anything else, imprints truth on the remembrance; if he has gathered up and arranged his resources in reference to coming emergencies: if he has gone over in anticipation the difficulties of his profession, and planned his own mode of extrication—then he will find that inexperience does not involve failure, and that youth is not an insurmountable barrier to success. He will recollect that the most eminent physicians, and the most successful operators, have had their first cases. He will perhaps also remember that some of the most distinguished men in history have emerged from obscurity while yet in youth; that not only warriors like Alexander and Napoleon, but statesmen like Pitt and Fox, and philosophers like Davy and Bichat, had achieved some of their proudest laurels at the very entrance of manhood.

Let it not be supposed, however, that I am an advocate for the premature assumption, by young men, of the responsibilities of our profession. Every medical student is to be considered unfortunate, who by reason of poverty, or the stress of other circumstances, is obliged to hurry his probationary period to an early termination. Too much time and attention are not often bestowed on the business of preparation for practice. The oldest and the best physicians have had frequent cause to regret that they were not better educated. But the superficial student, who rarely has the time and the will to repair his early deficiencies, is haunted through life by a round of perplexity and embarrassment, and degraded by a sense of his own incompetency.

It should be borne in mind that there is no period of life in which time can be so conveniently spared from lucrative pursuits, as in youth. After a man has attained to the age of 30, it is commonly of very little consequence to him, as far as his yearly receipts are concerned, whether he had commenced practice at the age of 21. or of 24. But as far as he may prize a quiet conscience and freedom from anxiety, the later age is incomparably the most secure. I would advise any young man who has completed his education at the end of his minority, that he should devote two additional years, and if practicable a still longer period, to availing himself of such advantages, both in study and practice, as may prepare him for his future duties. And when, as it often happens in our community, narrow circumstances require that a young man should live by his own exertions, this state of things, instead of being a motive that he should crowd himself prematurely into the ranks of the profession, incumbered with debt, and bare of acquirements and of means ; is rather an imperative reason, that he should at once begin by resolving to devote twice the customary number of years, if necessary, to the double purpose of keeping himself in an independent position, and of placing himself at length, in point of maturity of knowledge, on a par with his more favored competitors.

It may not be improper, in this place, to offer you some suggestions as to the mode in which students may advantageously appropriate the time of their pupilage in reference to the science which they expect to acquire. Medical literature has become so vast a subject, that the undirected student is apt to be lost in the maze of books and sciences which seem equally to press upon his attention. And he is likely to fall into the pernicious error of thinking that he must read a great deal, even though he remembers nothing. The true object of a medical pupilage should be, not to read, but to study, to observe, and to remember; not to pass superficially over the writings of celebrated men, but to select those compendiums of the several sciences, which contain a condensed view of their essential and elementary facts, which separate the chaff from the wheat, and offer what is fundamental and useful, within a compass which is capable of being impressed on the memory. Most of the constituent sciences which are nominally included in a modern medical education, are now so extensive, that the cultivation of any one of them may afford abundant occupation for a common lifetime. Chemistry is already so vast a science, that a general chemist who knows all the recorded facts of the science, is a character unknown. Vegetable chemistry alone fills ponderous volumes, and is as yet in its infancy. In like manner the Materia Medica, though as old as Hippocrates, is still an infant science. Nevertheless, it is already beyond the grasp of any one physician at the present day. It is probable that ten, and perhaps a hundred thousand substances, afforded by the three kingdoms of nature, are capable of exerting an active, or, as it is called, a medicinal influence upon the human body. Of these a very small part have hitherto found their way into the Dispensatories. Yet the Dispensatories are already so cumbersome, that no student or physician now-a-days reads the one half, or remembers one quarter, or uses in practice one tenth, of the materials which make up their contents.

But what shall we say of the theory and practice of medicine, the literature of which is a vast magazine of rubbish, with a few gems imbedded in it, accumulated in all time since the origin of writing, and in such excess that no country in Europe could probably furnish even a catalogue of its own modern books. The history of this extensive science contains a mixture of much that is bad, with much less that is good. In medical research the still small voice of truth has from time to time made itself heard, but it has as often been drowned by the dogmas of the visionary, and the clamors of the interested. An immense amount of time and labor has in all ages been wasted by students in acquiring theories instead of facts, in learning what it afterwards cost them much pains to unlearn, in committing to memory, not the truths of philosophy, but the popular doctrines of ingenious men.

During the present century a host of theorists and gratuitous reformers have replaced each other on the arena of medical controversy. Now and then a gigantic enthusiast, like Broussais, has acquired an ascendancy sufficient for a time to identify his name with that of modern medicine, and to exact a knowledge of his speculations from all who would not seem ignorant of science. But Broussais lived to see his doctrines repudiated, his lecture-room deserted, and his name on the road to oblivion. A truth in medical science, like the import of the physical signs, for example, will struggle its way through opposition and distrust, into general adoption. But an unfair and unfounded assumption, rarely survives long the life of the individual whose own eloquence and obstinacy were necessary to force it for a time upon the public attention.

If we could purge the sciences of pathology and therapeutics from the writings of men who wrote merely because they had a doctrine to establish, or a reputation to build ; and could confine these sciences to the results attained by those who sought directly and impartially for the true and the useful ; it is probable that the whole subject would be brought within the comprehension, not only of every physician, but of every medical student. And from the recent mode of conducting medical investigations, which has commenced in France, and is gradually gaining foothold in all civilized countries, we may hope in our own day to see near approaches to this desirable result.

Every medical man, whether student or physician, owes a threefold duty, to himself, to his competitors, and to his patients. To himself he owes the cultivation of habits of order and perseverance, a love of honesty and a desire of knowledge. No man is successful in a learned profession, who does not cultivate a methodical disposition of his time. The neglect of an hour, the omission of an engagement, and the postponement of what is necessary for what is unimportant, have ruined many a good intention and many a promising prospect. Lord Chesterfield says that the Duke of Newcastle lost half an hour in the morning, and spent the whole day in running after it. This is a true expression of the career of a busy but inefficient man. He who is always driven, always in a hurry, always late, and always with deficiencies to be made up, is very likely to be always a failure. It is well known that the responsibilities of society are best and most easily discharged by those who estimate the value of small portions of time, who do things strictly in their proper season and place, who provide against contingencies, and distribute their day in reference to what is, as well as to what may be, required of them.

But the best ordered arrangement of time and the most punctual habits of attention, do not always succeed in our profession, except through perseverance, and often through long suffering. The public, especially in cities, are slow in giving their confidence to strangers and to young men. The late Dr. Physick, of Philadelphia, asserted that during the first three years of his practice he did not pay for his shoe leather; and a late very eminent physician of this city once informed me that he did not earn his own board during three times that period. The conservative principle which retards the reception of young men into lucrative business, is the foundation of their security in after life, for medical practice would not be worth having, in a community, whose love of change should lead them to desert their former friends and counsellors, to run after every new comer. Physicians usually come on to the stage and move off of it, in company with the generation to which they belong. In a large city, a young physician, except under circumstances of peculiar patronage or necessity, does not usually obtain employment from families who are much in advance of himself. But these families and their medical attendants pass away, and he and his cotemporaries become the standing physicians of their time. A preparatory period in the mean time elapses, during which the candidate for future honors has usually enough to do, to perfect his knowledge, to fill the gaps in his experience, and to give proofs to the community around him, that he possesses aptitude for the common affairs of life.

Every physician is an inquirer during life, and continues to learn something up to the last year in which he may happen to study or practise. As the science advances, moreover, every intelligent practitioner is obliged to replace some of his former opinions, with others which he finds to be better substantiated. We should be careful, therefore, not to pledge ourselves unnecessarily to medical opinions which are founded on equivocal or imperfect testimony. The public sentiment attaches a kind of disgrace to frequent changes and recantations, and they ought also to do the same to the course of any man, who for the sake of consistency with himself, continues to maintain an erroneous and exploded opinion. Both these extremes are avoided by the physician who reserves his assent to any new opinion, until the evidence of the case is satisfactorily made out.

One of the most difficult virtues for a physician to cultivate, is a just and proper deportment towards his professional brethren. As in all professions in which men live by their heads rather than their hands, business is liable to be overdone, and a candidate who has not acquired all the occupation that he wishes, is apt to regard his competitors as stumbling blocks, to be gotten rid of by fair means, or foul. Hence arise the jealousies, calumnies and open hostilities so often entertained, which injure all the parties concerned, and lower the estimation of the profession with the public. Harmony and a proper *esprit de corps*, may uphold the dignity of even an inferior profession ; but the public rarely respect any class of men, the members of which have no respect for each other. A friendly intercourse with those whom we approve, is productive of pleasure and advantage, and a gentlemanly forbearance towards those with whom we do not agree, will show that we are above jealousy. A man is always to be suspected, who tells you that he is surrounded with enemies ; and one who is an habitual calumniator of others, forces upon his hearers the conviction that they in their proper turn are to come in for their share of his animadversions.

I doubt if physicians do not sometimes injure themselves and their cause, by showing too great a sensitiveness in regard to the temporary inroads of irregular practitioners. Quackery, whether carried on by the audacious enterprise of an individual impostor, or upheld by the trumpeting of a fanatical sect, is to be considered a necessary evil inherent in the constitution of society. It exists in every walk and occupation of life, by the exercise of which men procure bread. The pettifogger in law, the Millerite lecturer in theology, the demagogue in politics, the system-monger in education, and the wonder-worker upon the brains and bowels of infatuated audiences—what are all these but quacks moving in their respective spheres, and fattening upon the credulity of dupes. A certain portion of mankind are so constituted that they require to be ridden by others, and if you should succeed in unhorsing a particular impostor, it is only to prepare the saddle for a fresh and more unflinching equestrian. It is not good policy to say or to write too much in regard to the pretensions of impostors. A celebrated author observes that " many a popular error has flourished through the opposition of the learned." By throwing the gauntlet at an insignificant man, you at once raise him to the dignity of being your competitor, and acknowledge him as a " foeman worthy of your steel." And if you discover uneasiness, resentment or ill temper, the public conclude that you are influenced by your private interests. Besides, when you have entered the arena of controversy, you will probably find that the quack who has his all at stake, can afford more breath and time, than you can conveniently spare from your other occupations, and in an active warfare, he may acquire two partisans to your one. It is not long since the exhibiter of a stuffed mermaid succeeded in drawing down the popular indignation on an unfortunate naturalist, who had ventured to declare that it was made of a fish and a monkey. The public generally require time to get disabused of a favorite error ; and if too abruptly assailed, they will sometimes hold on to it, as the traveller did to his cloak when attacked by the north wind.

In your demeanor in regard to quacks, you should keep aloof from them, and trouble yourselves little about them. Admit the general fact that the race always do and must exist in society; that they are wanted by the credulity of a particular class of minds; that the fall of one dishonest pretender, or one visionary sect, is sure to be replaced by the elevation of another; therefore it little concerns you to know what particular imposition has the ascendency at any given time. When you are interrogated in regard to a specific subject of this kind, you should make a reasonable, cogent and dispassionate answer, always avoiding the appearance of warmth and especially of self-interest; and you may be sure that a majority of the public will be on the side of truth. As far as my observation extends, three quarters at least of the families in Boston and New England, are in the hands of regular practitioners. The remaining fraction, more or less, consists partly of minds so constituted that they require the marvellous as a portion of their necessary food, and partly of unfortunate beings, suffering the inevitable lot of humanity, who having failed to obtain relief from the ordinary resources of medicine, seek for temporary encouragement in the dishonest assurances of any who will promise to cure them. The first class is the dog in the fable, catching at shadows; the last is the drowning man catching at straws.

Above all, if you would discountenance quackery, take care that you become not quacks yourselves. Charlatanism consists not so much in ignorance, as in dishonesty and deception. In your intercourse with patients, cultivate a spirit of fidelity, candor and truth. Endeavor to understand yourselves and your science, weigh justly your own powers, and profess simply what you can accomplish. If you announce to your patients that you will cure incurable diseases, or cut short those which have a necessary period of duration, you do not speak the truth, you merely blind your patient, while you throw the die for a fortuitous result, a game at which the veriest mountebank may at any time beat you. The profession as a body are often unpopular with a large and sagacious part of the community, because they so frequently disappoint the expectations they have allowed themselves to raise. You may safely undertake and promise to cure diseases which you know to be curable, to alleviate others which you know to be not so, and to perform what art and science can do towards conducting doubtful and dangerous cases to a happy issue. But this is all you can accomplish or promise. The skilful mariner may steer his ship through a dangerous navigation, but he cannot control the wind, nor arrest the storm. Nor would he gain reputation by professing to do so.

It is hardly necessary that I should counsel you not to neglect your patients, when you can do anything for their welfare and security. Neglect of outward attentions is not, I think, a very frequent sin of physicians, inasmuch as their interest very obviously lies in a different course. But many practitioners fall into the opposite error of over-attention to their patients, of making them long, tedious or superfluous visits, of hampering them with strict and complicated instructions, and especially of over-drugging them with remedies. There are some patients, it is true, who like to be bled, blistered and physicked; but the number is small, and in most cases both the instinct of the child, and the discretion of the grown man, cause them to revolt against nauseous and painful inflictions. When, therefore, you are called to take charge of a case, ask yourselves how great is the danger, and what is the probable tendency of the disease if left to itself. If life is in question, and you have reason to believe that the patient may be rescued by prompt and energetic remedies, you should not hesitate to employ them. But in common, trivial and safe cases, such as afford a large part of a physician's occupation, you should not allow a habit, or a hobby, to lead you into the blind routine, of always thinking that you must make your patients worse before they can be better. I believe that much of the medical imposition of the present day is sustained in places where practice has previously been over-heroic, and because mankind are gratified to find that they and their families can get well without the lancet, the vomit and the blister, indiscriminately applied; and because the adroit charlatan transfers the salutary influences of time and nature, to the credit of his own less disagreeable inflictions.

It is the duty of physicians to elevate their profession, by maintaining in their individual character a high moral rectitude, a just and honorable conduct, a devotedness to the welfare of their patients, and an unceasing effort to improve themselves and their science. If this course is pursued by medical men, they can hardly fail of becoming useful and respected members of society. There is no country in the world in which the avenues to respectability and distinction, to competency and even to wealth, are more open to physicians, than in the United States. It has been observed that in England, no medical man is ever permitted to attain the aristocratic rank, which belongs to birth, and which is occasionally accorded to eminence in the military, political, legal and financial professions. But in our country there is no post of honor or emolument, and no situation of influence and distinction, which our history does not show to be within the reach of our profession. But it is not to political, or extra professional preferment, that the true physician should look. He should rather be contented to build up his own character within his own sphere, as a man of knowledge, fidelity and honor. The respect of the community, and the attachment of friends, will always attend on him who loves truth for its own sake, pursues knowledge that he may be able to benefit others, and deals justly with his fellow men, consenting that they, in turn, should deal justly with him.

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

ANSWERS TO QUESTIONS IN THE DEPARTMENT'S CIRCULAR.

[Communicated for the Boston Medical and Surgical Journal.]

1. *The Medical Topography.*—The part of the country in which I practise, is on the banks of the Connecticut river, and is hilly. The stream itself and the level meadow land constituting its immediate banks, vary from one eighth of a mile to one mile in breadth, and from this the

hills rise on each side in successive ridges to the Green Mountains of Vermont on the West, and to the height of land forming the division of the water-shed between the Connecticut and Merrimac rivers, on the East. These ranges of hills are intersected and divided by the vallies of the tributary streams of the Connecticut and their secondaries, and consist of primary rocks covered with the detritus of the same. Among them are scattered small ponds, lakes and swamps, near some of which, where there happens to be an accumulation of decaying vegetable matter, cases of disease may occasionally be found, appearing to owe either their origin or their peculiar form to the presence in the air of a malarious or miasmatic principle, but no extensive sources of malaria are known, nor is it often that cases of disease like the above are met with.

2. *The Effects of Agriculture, &c., upon the Climate and Health.*—This region has always been considered healthy, and from all that I can learn, no marked change has been produced in it by the agents specified in this inquiry. I should think, on the whole, that a slow and gradual improvement had taken place since the first settlement, which, as to any considerable body of inhabitants, may be dated considerably within a century. Long and severe fevers seem to have been more prevalent formerly than now; but it is doubtful whether the improvement in this respect may not more properly be attributed to greater means of comfort for the sick, and more rational and skilful treatment on the part of nurses and physicians, than to any amelioration of climate. According to the testimony of Dr. Nathan Smith, typhus fever seems not to have been much known in this region till about fifty years since, though since that time, it is hardly absent from any town more than a single season. To whatever change this may be owing, the circumstance can hardly be considered an improvement in the health of the region, though possibly it may have supplanted some equally or more fatal disease. The early physicians of this region were, however, mere practical men, of slender education mostly, little conversant with books, and less so with writing, and no records are left that may tell the "tale of other days" in the history of medicine. In the twenty years that I have been here, I have noticed several local improvements in health by the clearing and draining of small swampy patches in the immediate vicinity of habitations.

3. *Manufactories and their Influence.*—There are no manufactories in the village in which I reside. In the neighboring towns are several small cotton and woolen factories, but I have no means of knowing whether they exert any prejudicial effect upon the health of the operatives. Generally speaking, there is more sickness in those towns than in mine, which I have attributed to the ponding of the water of the streams for the purpose of supplying the works, the irregular height of such ponds in different seasons, and the exhalations from the bed of the ponds, when the water was low, as is most commonly the case in the latter part of the summer and the early part of autumn. In one or two instances, I have also attributed it to the more irregular conformation of the ground, having steep hills with ravines and hollows, the recipients of the wash of rain from the surrounding heights, and subject to considerable stagnation of air unless when the wind blows

from some particular quarters; some being open in one direction and some in another.

4. *Epidemic and Endemic Diseases.*—No endemic diseases are known here. Epidemics; we have a moderate share of those that are more or less prevalent everywhere; such as measles, scarlet fever, hooping-cough, influenza, &c. In this town (Charlestown, N. H.,) all the visitations of these since I have been here, have been very light, not only positively so, but compared with most of the neighboring towns. Scarlatina has been moderately prevalent once for a single season, and a second time for a period of two or three years, and occasional detached cases have occurred in other years, in this place; in other towns it has been more frequent, more widely spread and severe. Measles has prevailed here extensively but once in the last twenty years; more frequently in the neighborhood. Hooping cough but twice; influenza three or four times. Typhus fever has been frequent here but twice in the same period, though a few scattering cases occur almost every year. A severe epidemic dysentery raged here about forty-five years since, carrying off a large number of inhabitants. The same disease ravaged the adjoining town of Springfield, on the other side of the Connecticut river, about five years since, and was very fatal. These are all the epidemics I have known or heard of in this place or near it, except the celebrated spotted fever of 1809 or 10, in print.

5. *Character, Cause, and Treatment of Fevers.*—Fevers, properly so called, are not very prevalent here, except occasionally typhus or typhoid. A few scattering cases of bilious or gastric fever are to be found almost every spring and summer, a few also answering much to the character of the *simple continued fever* of Fordyce. Inflammation of the lungs, with gastric and hepatic irritation, are not unfrequent in the latter part of the winter, and now and then a case of typhoid pneumonia is seen, particularly when the inflammation of the lungs takes place during or near the prevalence of typhus or typhoid fever or its neighborhood.

No particular cause is known for the occurrence of any of these. Anything that materially disturbs the equilibrium of the system seems a sufficient exciting cause of the simple forms, and in union with taking cold, of the complicated ones. Some terrestrial or atmospheric influence seems to me to be at the bottom of all.

The usual mode of treatment laid down in standard authors, with slight modifications according to the greater or less urgency of the case, or the prominence of particular symptoms, is that commonly followed here, and with so fair success, that there has been little temptation to go from the beaten and approved track. The older physicians however used, and some still use, calomel much more freely than many of the younger ones, endeavoring to get the patients' mouths sore as soon as may be; but it is not found that this mode is more successful than a treatment almost wholly without mercury, and oftentimes far more distressing to the patient. In typhus the treatment is generally based upon that recommended by Dr. Smith (Nathan) in his little treatise on that disease.

Examinations after death are very much disliked by the people, and seldom to be had, except in case of some anomalous and perplexing complaint; and I can therefore say nothing of pathological appearances developed by a *post-mortem.*

I know of no proof that any of the diseases above specified are contagious; my own opinion, founded on much investigation and reflection, is that they are not so, at least here; though possibly, under some peculiar combination of circumstances, the disease called typhus or typhoid may be communicated from one person to another.

6. *Change in the Type of Disease.*—No such change to my knowledge has taken place here.

7. *Average Duration or probability of Life.*—I know not of any calculation ever having been made as to this particular part of New England, but presume it will not differ materially, if any, from the general ratio observed in New England, though I do not now recollect what that is. Information may doubtless be obtained from the Life Insurance Company in Boston.

8. *Relative Health, &c. of Whites and Blacks.*—There is hardly a single black in this region, of course no answer can be given.

9. * * * * * * *

10. *Annual number of Marriages, Births and Deaths per thousand.*—No bills are kept which will enable me to give this information accurately, but I think the births may be stated at about 60 per M, the marriages at about 30, and the deaths at 35 to 40. The population of this town has not increased at all in the last twenty years. Emigration to the West, &c., keeps it stationary.

11. *Longevity.*—No instances of age beyond 95 have occurred within my knowledge, and only one beyond 90; there have been a number of persons who died between 80 and 90, and some are now living. Numbers reach some period from 70 to 80. From what has been said of the date of the settlement, it must follow that nearly all of those that have reached the term of 80 years, have been emigrants, as is the case with most of those between 70 and 80 now surviving. Most of them came from Massachusetts and Connecticut, a few from some of the earlier-settled parts of New Hampshire.

12. *Milk and Vegetable Diet.*—None such are here, except a few pursuing it as a temporary regimen for the removal or prevention of disease. Of course these are not the subjects of the question.

13. *Influence of Temperance Reform.*—Too little time has elapsed since this has taken place to enable any particular alteration to be perceived in the general health and strength of the people at large. The health of individuals has undoubtedly been improved. If temperance continues to the next generation, the question may then be answered.

14 and 15. Should anything occur as deserving of notice under any of the heads indicated in these articles, it will give me much pleasure to communicate them to the Society. Very respectfully,

Charlestown, N. H., Feb. 15th, 1843. SAM'L WEBBER, M.D.

USE OF NARCOTICS IN SIAM.

[Dr. Bradley, of the Siam Mission, communicates to the Missionary Board the following singular information respecting the use of tobacco and other narcotics in that country.]

1. Nearly or quite all the male subjects of this kingdom are strongly addicted to the use of tobacco, in some or all of its forms. They begin to smoke before they are weaned. You may see infants now at the breast, anon puffing with a cigar, and then chewing a compound cud of betle, seri-leaf, lime and tobacco. Although the females do not often smoke tobacco, they very generally chew it in the form of the foregoing compound, and this practice they commence about as early as the males do their smoking. Thus this powerful narcotic begins to exert its baneful influence upon this people at the very dawn of their rational being; and it grows with their growth, and strengthens with their strength. They know of no time when they were free from its influence. In this respect they are very different from the consumers of tobacco in Christian lands. The latter learned to think and exercise their rational faculties many years before they allowed this narcotic to exert any influence over them; and whatever may be its effects upon their subsequent life, it seldom imparts a narcotic tinge to all their thoughts. But the minds of the Siamese have been formed wholly under the enfeebling influence of tobacco, and their thoughts are held fast to it as by a spell. The males, especially, would almost as soon think of living without air, as without cigars. Hence it is painful for them to attend our meetings, where they cannot be allowed to smoke. We are exceedingly tried, and filled with fears at seeing so many of them so manifestly the bond-slaves of tobacco. In like manner are we tried with the lads in our school, and with the workmen in our employ. Is there any people so universally and strongly addicted to tobacco as this?

2. The eating and smoking of opium, which were greatly checked a few years since, by the edict of the King, appear now to be fast reviving again. Although the law still makes this a contraband article of trade, and threatens all consumers of it with confiscation of goods and an ignominious death, the law is not enforced as it once was. There seems to be a secret willingness on the part of government men, that opium should be smuggled into the country, at least to an extent sufficient to satisfy the cravings of the many who are already addicted to its use. If so much be connived at, have we not fearful reason to think that this river of death, already broad, will continually widen; and where will be the end of the calamities it will produce?

3. Guncha, a plant possessing many of the properties of opium, is grown abundantly in Siam, and may always be purchased at the shops with very little expense. Many who are too poor to buy opium, resort to this weed for their stimulant and opiate, and smoke it till they become intoxicated, stupid and mad. Its effects upon the human constitution appear to be quite as bad as those of opium. Its first effect is to produce great mental exaltation; so that the ignorant often think its victims super-

naturally aided and influenced. It produces inebriation of the most cheerful kind in those who are naturally mild, but rage and fury in those who are naturally quarrelsome. This state of inebriation lasts from three to four hours, and it is then followed by deep sleep. A prolonged use of it produces the most wretched nervousness, lung complaints, dropsy, melancholy and madness. Since the check given to the consumption of opium, about five years since, the people have fallen into the use of this poison in great numbers, and multitudes are no doubt ruined by it.

4. The practice of using intoxicating drinks is increasing among this people at a fearful rate. When Protestant missions were first established in Bangkok, about ten years since, it was a very rare thing to see a man drunk, excepting among the Indo-Portuguese. The Siamese sacred books strongly condemned the use of all intoxicating liquors, and the people appeared to be remarkably abstemious. But now the enemy has come in like a flood. There is not an hour of any afternoon when you may not, by going out into the highways and lanes of this city, see many victims of intemperance, reeling, railing, swearing, quarrelling, fighting, and insulting all whom they meet, with a shamelessness in respect to their own persons, and recklessness in respect to the feelings of others, that cannot be named. Consequently crime, poverty and wretchedness of all kinds are greatly increased. The public appetite for spirituous liquors is very strong, and the demand for something that will intoxicate very great. Hence their distilleries are increased in number and extent; some thirty or more are now in vigorous operation. The material from which they manufacture their spirit is chiefly the cane-molasses, which, by the rapid growth of the foreign sugar trade with Siam, has become very abundant. They know not what use to make of their refuse molasses, other than to mix some of it with their lime mortar, and to convert the remainder into liquid death. But with all the facilities they have for manufacturing it, they do not near supply the home consumption. It is imported from China, Batavia, Singapore, and Europe, in no inconsiderable quantities. And all this does not suffice. The poorer classes make intoxicating drink from the juice of the palmyra and fermented rice. An officer of government informed us, not long since, that he could not prevent his slaves from getting drunk; that he had flogged them almost to death for it; but so strong was their appetite for the poison, that they would convert their daily rice into spirit, and intoxicate themselves therewith.

The manufacture and traffic in ardent spirit is all farmed out by Government. The whole kingdom is divided into spirit districts. These are leased annually to the highest bidders, who pay their license money into the King's treasury. This district, including only Bangkok and its suburbs, is taken by one man, who pays annually about $96,000 for the privilege of monopolizing all the spirit trade within these limits.

[A vivid description is also given of the practice of gambling, which is likewise "farmed out" by Government, and which threatens, with the other vices, to be the ruin of the people.]

MEDICAL SCHOOLS AT THE WEST.

[Dr. Drake, of the Western Medical Journal, in his Travelling Letters, writes from Chicago as follows respecting some of the new schools which are so rapidly springing up in the Western States.]

Now, lest some of my readers, desirous of changing their location, should resolve to put off for Chicago, I feel it my duty to tell them, that she is already abundantly furnished with physicians. Of the exact number I cannot speak, but the *signs* of an adequate supply are conspicuous; and arrangements have been made for keeping it up, by home manufacture. Of this I gave you intimation in my last, expressing some disapprobation of the proposal to manufacture them here, and in some other places, at so small a cost. In the four days which have elapsed since the date of that letter, my opinions have undergone no change, and of course I still think, that as a cutler, who might advertise to make surgical instruments at half price, would not be patronized by our operators, so surgeons made at half price should not, *a priori*, be regarded by the people as strong and acute. Among the instruments made by the manufacturer of "cheap goods," there might now and then be one of excellent temper, and among the alumni of our cheap schools there may be found some of excellent professional temperament, but neither the shops nor the schools should be judged by these exceptions. Justice, however, to Dr. Brainard, the enlightened founder of the "Rush Medical College" of this place, requires me to state, that he himself, in the abstract, does not approve of cheapening medical instruction, but says he was driven into it by the example of the schools in this latitude, from Geneva, in New York, to Fox River, in Illinois, embracing the intermediate establishments of Willoughby, Cleveland, Laport and Jacksonville. He and his colleagues, indeed, have it in view, in due time, to advance the price of their tickets. He does not anticipate a very rapid growth of his establishment, and would not, in the infancy of the country, have moved in its organization, but that several towns, which he justly regarded as too small and sequestered, had been made the sites of such institutions. I must confess that this view of the matter is plausible; and that if the patronage which would be distributed among the towns of Laporte, Jacksonville and St. Charles, can be concentrated on Chicago, it will be for the benefit of the profession and society at large. Indeed, it must, I think, be admitted, that the towns just named, together with Willoughby, in the State of Ohio, are not places where flourishing medical colleges can be built. West of Pennsylvania and New York, leaving out of view the towns on or near the Ohio, the three points favoring and requiring such seminaries, are St. Louis, Chicago and Cleveland. The first is connected with the Lower and Upper Mississippi and with Western Illinois; the second has connection with Northern Indiana, Middle and Northern Illinois, Western and Northern Michigan, Wisconsin and Iowa; the third may look to Michigan, North-eastern Indiana, Northern Ohio, North-western Pennsylvania and Upper Canada; within which various States and Territories, there will, in another age, be a dense population, supplying students enough for three schools, but not for the *eight* which have already announced themselves. Each of the towns which I have mentioned, will have population enough to give business to a faculty of teachers, and subjects for the practical anatomist; each will have a hospital, where clinical medicine and morbid anatomy may be taught; and each will erect such literary and scientific associations, as will favor research and ambitious study, in both professors and pupils.

DUODENAL DYSPEPSIA.

From Dr. C. J. B. Williams's Lectures at University College.

Before entering on the subject of constipation, I have a few words to say on duodenal dyspepsia, which I shortly noticed yesterday. (See p. 278.) In this affection, it is especially necessary to pay attention to the diet, avoiding those articles which tend to irritate the duodenum, such as greasy and fatty pastry, which is very indigestible. These matters tend to irritate the duodenum, and produce disorder not merely in the stomach, but also in the liver. It is also necessary to avoid spirituous and fermented liquors, in any quantity, during these attacks. The treatment consists much in the same measures as are appropriate to the different forms of dyspepsia, whether inflammatory, atonic, or irritable—remedies which tend to increase the secretions; mercurial powders, blue pill, and hydrarg. cum. creta, given once or twice a day, and carried off by a mild saline aperient. This may be continued for a longer or shorter time, and, in some cases, even for several weeks. But, inasmuch as mercury sometimes exercises a prejudicial effect on the system, and the digestive organs, it is often desirable to substitute other medicines for it, to keep up the action of the liver and the duodenum. Dandelion, in extract or in juice, nitric acid, and nitro-muriatic acid, are useful, because they act as tonics, at the same that they exert an influence on the liver. Muriate of ammonia is supposed to have a similar effect, combined with taraxacum. It is in cases where the disease is obstinate, and assumes the chronic form, that saline waters are efficacious; particularly those of Cheltenham, and such as contain an excess of alkali, and sub-sulphate of soda in a diluted form.—*London Med. Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 27, 1844.

Standing of American Medical Schools in England.—A gentleman of eminence in the profession, residing in Lower Canada, in a letter received the past week, asks the following question—" How comes it that the tickets of the Boston Medical School are not recognized in London, as well as the New York and Philadelphia? In Canada, certainly in Lower Canada, your graduates pass their examinations with credit, while many of the graduates of other schools are rejected. In no one instance can I recal to memory a Boston graduate having been rejected at the Quebec Medical Board. I have always considered the Boston school as one of the first in the Union, and think so still. It should be recognized in England, or I fear it will do it harm, as far as foreign students are concerned." Till now, the subject has never occurred to us, whether the American medical institutions for instruction were acknowledged as legitimate or not in Europe. If it is really so, that two of them, only, have sufficient reputation to have the time a student may have been connected with them avail him abroad, it is certain that immediate inquiry should be instituted into the cause of such partiality. It is almost certain that the faculties of the favored institutions, were they consulted by transatlantic boards, would unhesitatingly declare that the Medical School of Boston was inferior to no one on this Continent.

Insane Asylum in Canada.—Three eminent physicians propose erecting a hospital for the insane, on the Beauport road, a delightful locality, about three miles to the north of Quebec. It is in contemplation to have it partake of the character of a private as well as public institution. Both pauper and paying patients are to be received. With all the thrift and modern enterprise which distinguishes the people of Lower Canada, it is strange indeed that no provision has yet been made for this unhappy class of persons. The pauper lunatics appear to be entirely unprovided for. In cases where friends have the means of providing for a support, they are sent to the States.

We trust the local government will give such encouragement in the proposed undertaking, as to warrant the proprietors in erecting an edifice sufficiently ample and commodious, in which may be found all the conveniences and appliances necessary to the complete organization of a well-conducted hospital for the insane.

Philadelphia College of Pharmacy.—Under the auspices of this institution, is published the American Journal of Pharmacy, a periodical which we have invariably contended, was not patronized according to its merits. On looking over the No. for October, however, the evidence of deterioration is so manifest, that unless a more spirited effort is made to enrich and enliven its pages, the College of Pharmacy's influence cannot save it from inevitable public neglect.

With two editors, assisted by a publishing committee of five gentlemen, eminently qualified to infuse a spirit of energy, and excite a marked attention to that important appendage to practical medicine, pharmacy, the last No. is culpably deficient in point of interest. It appears to be wholly made up of selections from European sources, with the exception of two short papers. Surely, the College alone might furnish original communications enough to give the pages an American expression, if nothing else.

Physicians, druggists and chemists should patronize the Journal of Pharmacy, and the editors, on their part, would then be encouraged to renewed exertion, and more originality might be hoped for.

Cruveilhier's Anatomy.—That this is an admirable work, no one acquainted with the author's writings would think of questioning, and we are gratified in having it accessible to anatomists in this country. But we cannot see that enough has been done by Granville Sharp Pattison, M.D., of New York, to warrant his name appearing, with such an array of titles appended, on the title-page, as editor. Part of his Preface, too, is objectionable. It is well known that there is much rivalry existing, at present, between the New York and Philadelphia medical authors, as well as between the large publishers of medical works in the two cities. Much severe language has passed between the former, which will account for the strain of that portion of the Preface to which we have alluded. It is strange language, however, for the Preface to a reprint of a scientific work. "It is very possible," Dr. Pattison says, "from the course which these gentlemen reviewers (of Philadelphia) have pursued in reference to the publications which have received the imprimatur of the professors of the University of New York, that the system of anatomy of Cruveilhier, may, when reviewed by them, fare no better than other medical works published by Messrs. Harpers, under the sanction of the Medical Department of New York." "It is, however, a matter of very little consequence. *Good wine requires no bush*; and a good book, if furnished at a low price, must and will always command an extensive sale. New York is the great metropolis of the Union, and must very soon, like London and Paris, however distasteful it may be to those who may have other interests, become the great centre, not only for medical publications, but also of medical education."

Dr. Pattison says also, in the Preface, "In re-publishing the work, the editor has so restricted himself in the performance of his task, that he feels it can neither add nor take from his reputation." He is right in one conjecture, viz., that it will not *add* to his reputation.

We will only repeat, what all cultivators of anatomy now know—that Cruveilhier's system is unexceptionable, though perhaps far from being superior to all other works on the same subject. It is a good and desirable book, which will be increasingly valued the more devotedly it is studied. The Messrs. Harpers have, as usual, had their part of the undertaking properly executed. Good paper, good type, &c., are desirable points, which are noticeable in this instance. Some of the cuts, however, are rather indistinct, and draw hard upon the imagination. It is a large octavo, of 907 pages—to be had at a low price at Jordan, Swift & Wiley's, Washington street, Boston.

Physiology of the London Medical Student.—Messrs. Carey & Hart, of Philadelphia, have re-published a small pamphlet, called *The Physiology of the London Medical Student, and Curiosities of Medical Experience, by Punch, with Illustrations by Leech.* It is presumed to be extremely witty, and yet we have sought in vain for those keen specimens of wit which were anticipated. London medical students unquestionably spend their pennies, and drill for an examination, very much as Mr. Punch describes; still it is a poor, sorry, beggarly effort at satire. There is perhaps as much capital in some of the American cities for manufacturing a laugh at the expense of medical students, as in modern Babylon; and the idea of caricaturing them is not wholly lost sight of by some of those comical artists who thrive upon the follies of mankind. London and Paris abound with similar attempts at jests—few of which reach the United States. None of them, however, have less claims upon the reader's risibles, than the present lucubrations of Punch, even backed as he is by one of the first publishing houses in the Union.

Death of Dr. Samuel Forry.—Although the death of this gentleman was noticed in our necrological record last week, we are prompted, by feelings of respect for his memory, to recur again to the melancholy event. Those who were conversant with Dr. Forry's condition in his last sickness, unhesitatingly say that he was a martyr to severe study. The brain was over-worked by laborious investigations, and he fell, in the beginning of his usefulness His organization appeared to be feeble, and liable to be easily deranged by prolonged mental activity. It is probable that the exposed life he led in the Florida war, while holding a medical commission in the Army, contributed to weaken the physical energies of a naturally frail body, and lessened the resisting powers of the system to the attacks of acute disease. In person, Dr. Forry was of middling stature; his figure was slight, with an expression in his countenance that was indicative of the man of thought. In the circle of medical sciences vital statistics seemed to be the province which afforded him the most satisfaction. Perhaps no one was ever more thoroughly devoted to investigations on the effects of climate, than himself. The work produced by him on this subject during the last season, is the one which will most favorably transmit his name to posterity. In it the peculiar bias of his active mind was exhibited. For analyzing great principles, and explaining laws and phenomena connected with this department of science, he had no superior in this country. As a journalist, and chronicler of the claims and fame of others, he had scarcely time, since the commencement of an editorial career, to exhibit all the talent we considered him capable of exercising. There was a fairness and spirit of candor in his leading editorial comments, that never provoked others to war against the editor, however much some might have objected to the freedom of correspondents.

A meeting of some of the physicians of New York was recently held, at which resolutions were passed in relation to the early death of Dr. Forry, exceedingly creditable to them. May the monument they propose to raise over his grave, speedily mark the spot; and may those who knew him, emulate his virtues, that they may, like him, live respected and die lamented.

Diseases at the Sandwich Islands.—Formerly, according to the history of the South-sea Missions, the diseases of the natives were very few. Those to which European children are subject, were unknown among them. Scrofulous complaints are now common, and pulmonary consumption is of frequent occurrence. They usually commence in early life and terminate either in death or a large curvature of the spine. Persons deformed by distortions of the spine are frequently met with also in the Society Islands. From the notes of observers, it appears that blindness is not uncommon. There were many native physicians found, when the Islands were first visited, who really had some success in the treatment of a few maladies. Their medicines were purely vegetable, simply prepared. They even practised surgery, rudely, to be sure, but not ineffectually.

Copland's Medical Dictionary.—Part II. was promptly distributed last week, embracing the following subjects, viz., *arts and employments, asphyxia, asthma, atrophy, auscultation, barbiers, beriberi, blood, blue disease, and brain.* Messrs. Jordan, Swift & Wiley, of Boston, are the publishers' agents. From the character of the work, thus far, it fully meets the expectations of the profession.

Consumption in Illinois.—For the last fortnight, during which I have conversed with the physicians of seven towns between Jacksonville and Joliet, I have been assured, *nemine contradicente*, that tubercular consumption is one of the rarest diseases of that part of Illinois which lies between St. Louis and Chicago. Most of them have not seen an indigenous case, and have known of emigrants in whom the progress of the disease, in its early stage, had been arrested or retarded. As many of our readers may be consulted by their patients, concerning the effect of the climate of this region on those inclined to phthisis, I have thought it proper to anticipate a future publication by this brief notice.—*Dr. Drake's Travelling Letters.*

Medical Miscellany.—Dr. A. B. Shipman, of Cortland, N. Y., has received the appointment of Professor of Anatomy in La Porte University, Indiana, and that of Surgery in St. Charles, Illinois.—The physicians of New York city have recently dined together and had an excellent intellectual and social entertainment.—The yellow fever has been making sad ravages in the north of Peru and at Guayaquil, in the republic of Ecuador.—Forty-two students are attending lectures at the Medical College of Montreal.—The Western Lancet represents the prospects of all the Western Schools as highly favorable. The Philadelphia and New York ones are also spoken of as fuller than in any former year.

To Correspondents.—The conclusion of Dr. Wallace's article on Jewish Hygiene, and a paper on the effects of tobacco in producing certain diseases, have been received.

Married,—At Newport, N. H., Thomas Sanborn, M.D., to Miss Harriet Allen, of Newport.—At Wolcottville, Conn., Roderick A. White, M.D., of Simsbury, to Miss Elizabeth W. Hungerford, of the former place.—At Louisville, Ky., Dr. John Ross, of Mississippi, to Miss M. Lampton.

Died,—At Knoxville, Tenn., Joseph Churchill Strong, M.D., 70, a native of Bolton, Conn., greatly lamented. A public meeting was called, at which the profession of Knoxville expressed their sorrow for the death of this excellent physician, who was long honored while living and greatly lamented in his death.

Number of deaths in Boston for the week ending Nov. 23, 44—Males, 21: Females, 23.

Of consumption, 7—croup, 4—hooping cough, 1—lung fever, 4—palsy, 1—fits, 3—typhus fever, 7—scarlet fever, 5—intemperance, 2—infantile, 1—sudden, 1—inflammation of the bowels, 1—dropsy, 1—poison, 1—tumor in the head, 1—debility, 1—inflammation of the lungs, 1—liver complaint, 1—marasmas, 1.

Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 4.

Health of the Body and Mind—Sir Walter Scott.—Scott was a genuine man, which itself is a great matter; no affectation, fantasticality or distortion dwelt in him, no shadow of cant. Nay withal, was he not a right brave and strong man, according to his kind? What a load of toil, what a measure of felicity he quietly bore along with him; with what quiet strength he both worked on this earth and enjoyed it, invincible to evil fortune and to good! A most composed invincible man; in difficulty and in distress knowing no discouragement, Sampson-like, carrying off on his strong Sampson-shoulders the gates that would imprison him; in danger and menace laughing at the whisper of fear. And then, with such a sunny current of true humor and humanity, a free joyful sympathy with so many things. The truth is, our best definition of Scott were perhaps even this, that he was, if no great man, then, something much pleasanter to be, a robust, thoroughly healthy, and withal, very prosperous and victorious man. An eminently well-conditioned man, healthy in body, healthy in soul; we will call him one of the healthiest of men. Neither is this a small matter: health is a great matter, both to the possessor of it and to others. A healthy body is good, but a soul in right health is the thing beyond others to be prayed for, the blessedest thing this earth receives of heaven. Without artificial medicament of philosophy, or tightlacing of creeds, the healthy soul discerns what is good, and adheres to it, and retains it—discerns what is bad, and spontaneously casts it off. In the harmonious adjustment and play of all the faculties, the just balance of one's-self gives a just feeling towards all men and all things. Glad light from within radiates outwards, and enlightens and embellishes. Now all this can be predicated of Walter Scott, and of no British literary man that we remember in these days to any such extent, if it be not perhaps of one, the most opposite imaginable to Scott, but his equal in this quality, and what holds of it—William Cobbett—Cobbett as the pattern John Bull of his century; strong as the rhinoceros, and with singular humanities and genialities shining through his thick skin, is a most brave phenomenon. So bounteous was nature to us; in the sickliest of recorded ages, when British literature lay all puking and sprawling in Werterism, Byronism, and other sentimentalism, nature was kind enough to send us two healthy men. A healthy nature *may* or not be great, but there is no great nature that is not healthy.—THOM. CARLYLE.

Quinine at the South.—Quinine, instead of *calomel*, is now considered, in the South, the *Sampson* of the Materia Medica; and we congratulate our brethren and the community on the change. The doses of this medicine have been increased from two grains up to ten, twenty and upwards; and its beneficial effects are often truly wonderful. Secretly and imperceptibly, it dispels the morbid train of symptoms, and is perhaps the *only medicine* strictly entitled to the name of *febrifuge*. The quantity of this article used in the South, this season, is prodigious. It has been impossible to supply the demand. An incident related to us by a gentleman from Mississippi, will serve to illustrate it. In a certain neighborhood where a great deal of sickness prevailed, it was ascertained just at night (and as was supposed in a very private manner), that *an ounce* of quinine could be procured about thirty miles distant. It was determined to start a runner for it before day the following morning; this was done, but when he arrived at his destination, he found himself *far too late;* and his only consolation was derived from meeting some half dozen other disappointed applicants.—*New Orleans Medical Journal.*

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JEWISH HYGIENE.

By William Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 316.]

It may be objected to what has been advanced, that, it is said, consumption and hydrophobia are rarely witnessed in warm Eastern climates; but I may reply, we have no proper data on the subject from scientific men, and the gospel was given for all. In this country hydrophobia is usually seen during the hottest weather, and we have in elephantiasis an example that tuberculous disease may prevail in the West Indies; besides, all the phenomena of physiology and pathology concur in showing that excess of nourishment is a frequent cause of disease. If we again adopt Liebig's comparison of the lungs to a furnace, we find that tubercles must accumulate at the upper portion, not far from the main current of the entering air; as the incombustible matters congregate at the corners of a stove, although in the latter case the air usually enters at the lower surface.

We find that consumption is checked during pregnancy, when there is an outlet for the unconsumed material in the nourishment of the fœtus. It is an extraordinary fact, first discovered by Dr. MacDonnell, that a pregnant female gives out less carbonic acid than when she is unimpregnated. Before Liebig's comparison, this could not be explained, as on the old theory it was expected that when blood for two had to be purified, an additional quantity of carbonic acid should be disengaged. The effect of fat, or other very nourishing matter, on the lungs, may be compared to resinous wood or bituminous coal on a furnace, and proper food to good and well-regulated fuel, which is consumed gradually, cleanly, and completely. To carry out the comparison, the disagreeable breath of gluttons and drunkards is the acrid, incompletely consumed smoke from resinous wood; and the sweet breath of a healthy child, where all the surplus nutriment is required for its growth, is the inodorous vapor of pure, slow-burning fuel. I had occasion to inspect the body of a young man, who, daily at dinner, would take a ladleful of grease on his steak or chicken, and take meat and much butter at breakfast and tea; and I found both the mesentery and lungs thickly studded with tubercles. It is shown by the records of the late city inspector, that more than two thirds of those who die in New York of consumption, are from Ireland; most of the subjects, it is presumed, were of constitutions originally robust, but consumed by excess of greasy and spirituous nutriment which have more than their usual effect on systems accustomed to more wholesome diet.

As cleanliness, the purest fuel, a good current of air, and the removal of ashes, are the best methods of regulating an ordinary stove, so the purest diet, and the purest air, and if necessary aperient medicine, are found out by experiment to be the best means of preserving health. Without exercise, and without pure air, unconsumed material is apt to accumulate; as a stove burns better with a fair draft and proper removal of waste matter. Shortly after the founding of the New York Colored Orphan Asylum, consumption and other scrofulous affections were frequent among the inmates; but since the intellectual managers of the institution made proper arrangements for ventilation and exercise, the children have been remarkably healthy.

The objection, in scripture, to the blood of animals is a valid one. Being nearly assimilated to the blood of man, it passes to the lungs without affording sufficient time for a gradual and steady supply of heat; like a thriftless traveller indulging to excess at the commencement of a voyage; or like light and easily inflammable wood, which soon burns and overheats the furnace. The functions of the body are impaired; it is alternately stimulated and debilitated, and ultimately worn out. The readiness with which blood undergoes the putrefactive process is another objection to its use. By putrefaction of the bloody sticking pieces which enter into the composition of sausages, they are sometimes poisonous, ust as a dissection wound poisons the arm, and frequently occasions death.

The remarks on fat and blood will, for the most part, apply to the use of alcoholic drinks. If there were no other reasons for the great mortality among prostitutes, these would be sufficient.

From the above it will be seen that scrofula may originate from fat and blood; and that it may be communicated, as in Laennec's case, or by partaking of the flesh of diseased animals, more especially when inactivity or rich diet favors its formation; as a small quantity of yeast may ferment of its own accord, and afterwards cause the fermentation of a large portion of material which is favored by warmth, inactivity, and other circumstances, to promote its action.

By the laws of Moses we are not confined to a diet exclusively vegetable, which has, of late, been much adopted by the generous young; some of whom, by depriving themselves of the enjoyments of life, have sunk to the grave, victims to the admonitions of those who would be wiser than it is written. There is a long list of the fish of the sea, the fowl of the air, and the beasts of the field, of which we may freely partake; yet, to show the kindness of the Divinity to his beloved people, he has interdicted certain animals because they are liable to be unwholesome, though in the scale of being they may fulfil other offices which we cannot altogether comprehend. The camel was necessary as a beast of burden, and, that it might be preserved when its services were not required, it was forbidden. The swine covers seeds with earth, and furnishes oil for light, or for soap. The coney yields support to the carnivora for keeping in check animals, the growth of which would be too extensive. The beds of shell fish form the pages from which we read the world's history, showing that there was a period when it had a beginning, and that the books of Creation and of Revelation perfectly correspond. Although the latter was written during the infancy of science, we find that every discovery now made stamps additional value on its pages, and shows that THE BIBLE IS NOT ONLY THE BEST CODE OF MORALS, BUT ALSO THE BEST CODE OF HEALTH.

Duties of City Inspector.—Inasmuch as disease is more destructive than war, the enemy should also be kept without the camp, and the command of the latter confided to an officer recommended by his talents, and not by his politics; yet as long as the appointment is made in the present manner, it is vain to hope that a proper selection will be generally made. Among the last candidates, for this important office, was a gentleman of high standing in his profession, and esteemed by all who know him, for purity of heart, and integrity of purpose. Notwithstanding he had before filled the situation, in a manner more efficiently than any of his predecessors, his application was laid aside, to give the office and its emolument to an illiterate herbalist. If the nomination was made by the medical society, and the officer appointed by a board of health selected from the common council, the professions, the merchants, and mechanics, the situation would be filled by a person capable and zealous of doing his duty.

As it is considered a law, that he who sees another about to be murdered, and who does not do everything in his power to preserve him, is guilty of crime and deserving punishment; in like manner, he, who sees another about to be poisoned, and who does not endeavor to prevent it, is equally culpable. Now there are poisons, the effect of which, though not immediate, is nevertheless certain. We have enumerated poisons from the diseased flesh of animals; we shall now proceed to other materials.

2. *Milk.*—Cows which are fed on swill are liable to be consumptive, and the matter which was probably before contained in the abscesses of their lungs, has been detected in their milk. As milk of this description cannot be wholesome, the health of cows, and the quality of food with which they are supplied, should be inspected.

3. *Flour, &c.*—Grain is apt to be diseased, and should be inspected in the fields, before the morbid and healthy portions are ground up together. Wheat and rye flour, healthy, and properly certified, would deserve and obtain a premium above the ordinary market price. When made into bread, it should be ascertained that there is no mixture of plaster, or other foreign body.

4. *Soap.*—The purity of the soap which is used for our apparel or persons, should also be examined. The materials, of which it is frequently made, are so well known that it is unnecessary to give the description. The smell emanating from a manufactory is often, for the purpose of enriching a capitalist, a nuisance to an extensive neighborhood.

5. *Lead.*—Obstinate constipation, deafness, blindness, epilepsy, and other nervous symptoms, are known to be the effects of lead, which, by small doses accumulating in the system, like digitalis, &c., is a poison so insidious in its attacks, that frequently neither the physician nor the patient can tell the cause of the disease. The public should be made acquainted with what hotels are provided with water through leaden pipes, in order that they may avoid them. In bar-rooms, beer, when drawn through a leaden pipe, is sometimes turbid with oxide of lead.

6. *Syphilis.*—The poison of the disease arising from impure intercourse demands the attention of a vigilant city inspector, whose ingenuity would be exerted to diminish the evil; and to make the young more generally understand the blindness, lameness, and general rottenness it occasions.

7. *Quacks.*—If the poisons and impositions of quacks were inspected, and made known, the health of many would be preserved, and the newspapers would be freed from indecent advertisements. The mischief and impoverization often effected on the credulous, by the folly of clergymen certifying to what they know nothing about, would then be abated.

8. *Contagion within the City.*—The localities of contagious and infectious diseases should be made known to the inspector, or penalties incurred. Free vaccination should be afforded to all, in a respectable place, where it would be considered a right, not a charity.

9. *Contagion without the City.*—This is properly the business of the health officer, and as opinions concerning quarantine laws are divided, the error, if there be one, should be on the safe side.

10. *Meat Shops and Slaughter Houses.*—According to equity it is unjust that property should be diminished in value by a nuisance on a neighboring lot. Since the corporation permitted meat shops to be opened at will, in any part of the city, the tenants of some of the adjoining properties have been obliged to remove in consequence of the disagreeable smell of decomposing flesh. Should the property be the sole possession of widows, or orphans, or obtained by a life-time's industry, it is unequal justice that it should be depreciated, Numerous instances might be related, where a lot has been purchased in a respectable neighborhood, and a slaughter house has been erected on it, for the purpose of extorting an extravagant price. Besides the putrid emanations, the noise of confined cattle is very disagreeable. I was not long ago called to the death-bed of the father of a family, which consisted of two sons and seven daughters depending on his salary for support. A fever had been induced by increased mental exertion, not only by writing for his employers during the day, but also by keeping the books of others in the evening. A single sleep might have saved his life, and restored him to health and usefulness; but the lowing of cattle near his window prevented repose. The widow, who had moved in excellent society, was left with her charge, to buffet the world as she could.

11. *Tobacco.*—"I have already had occasion repeatedly to hint my suspicion," says Professor Mackenzie, "that one of the narcotico-acrids which custom has foolishly introduced into common use, namely, tobacco,

is a frequent cause of amaurosis. A majority of the amaurotic patients, by whom I have been consulted, have been in the habit of chewing, and still oftener of smoking tobacco, in large quantities. It is difficult, of course, to prove that blindness is owing to any one particular cause, when perhaps several causes, favorable to its production, have for a length of time been acting on the individual ; and it is especially difficult to trace the operation of a poison, daily applied to the body for years, in such quantities as to produce, at a time, only a very small amount of deleterious influence, the accumulative effect being at last merely the insensibility of a certain set of nervous organs. At the same time, we are familiar with the consequences of minute portions of other poisons, which are permitted to operate for a length of time on the constitution, such as alcohol, opium, lead, arsenic, mercury, &c., and we can scarcely doubt, that a poison so deleterious as tobacco, must also produce its own peculiar effects."

"It would appear that there are two principles of activity in tobacco, an essential oil, and a peculiar proximate principle called nicotin, both of which are capable of producing death, but by very different physiological actions ; the former by its effects on the brain, the latter by its influence on the heart. The essential oil is so virulent a poison, that small animals are almost instantly killed, when wounded by a needle dipped in it, or when a few drops of it are let fall upon their tongue. In the process of smoking, the oil is separated, and, being rendered empyreumatic by heat, is thus applied to the fauces in its most active state. That the regular application, in this way, of a poison of such power, perhaps five or six times daily for months or years together, should at length be productive of serious effects on the nervous system and especially on the brain, cannot surely be matter of wonder. Indeed it would be surprising if it were otherwise."

12.—*Alcoholic Drinks.*—There is something singular in the disposition of different intoxicating drinks to affect different organs ; thus the habitual use of wine, even not carried to excess, will affect the ball of the great toe and occasion gout. Brandy and wine harden the liver, while gin attacks the kidneys. Besides these local effects, they all harden the brain and impair its functions, as we may observe by dropping them on a transparent nerve. Owing to their combustible ingredients not being properly assimilated by the organs of digestion, a portion of improperly-prepared matter is thrown off by the lungs, and causes a most offensive breath, just as a foul chimney sends out its effluvium to the surrounding atmosphere, when the soot is imperfectly consumed.

Conclusion.—If the majority of the people do not think proper to appoint an efficient city inspector, it should be the interest of every one, as far as he can, to protect himself, and those whom he most esteems, from invisible enemies. Meat marked by the Jewish inspector may be had at the markets, healthy milk is brought in from the country, lead and alcohol may be avoided ; yet it should be remembered that the principal evil falls on the poor and the ignorant. As records show that more than two thirds of those interred have not reached their thirtieth year, there is reason to believe that, very often, by ignorance or wilful avoidance of the laws of health, many sink to premature graves, the Alms-house is filled with the destitute, the hospitals with the afflicted, and the asylums with orphans.

TOBACCO—ITS EFFECTS IN PRODUCING CERTAIN DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

In the year 1837, my attention was called to two cases of disease in the same family. The symptoms and phenomena attending them were so similar, that it struck me at once that they had a common origin. The first was that of a young gentleman, D. W., a student of law, of a nervo-sanguine temperament. He had been a martyr to dyspepsia for two or three years. He had spent a year in the Western States, and had attended the Law Lectures at Cincinnati. While at the West, he had acute ophthalmia, which was treated by active depletion with little benefit, as his eyes, when I first saw him, were highly injected, cornea vascular and semi-opaque, and the lids granular. He applied to me for the treatment of his eyes, but what most afflicted him constitutionally was low spirits, want of resolution, and general hypochondriasis. His stomach would receive food with a good relish, but the moment he had finished his meal, a train of nervous symptoms came on, which harassed him for hours, until the stomach was empty. Acidity, cardialgia, gastrodynia, palpitation of the heart, giddiness, vertigo and fulness of the head, with the most profound gloom, and, keenly alive to every feeling, he was in constant fear of death, yet tempted to commit suicide to escape from a life more intolerable than death itself. These symptoms harassed him for months, with varying degrees of intensity, when a new symptom arose, which terrified him more than all the rest. His sleep had been broken by the most horrid imagery in the shape of frightful dreams, for more than a year; but now, when the first hour of sleep came over him, he was suddenly awoke by a shock in the epigastrium which started him in great alarm from his sleep. These shocks and startings were repeated several times in the course of the night, and as often as he fell into a slumber. They were at first confined to the epigastrium, but after a few weeks the sensation was transmitted to the head, which he described as more unendurable than when confined to the epigastrium. It was followed by a sensation as if a rush of blood took place to the head, and a firm conviction in his mind that he should die with apoplexy. This impression preyed upon his mind incessantly.

I was often summoned in the night in great haste, and found him agitated, with cold sweats, palpitation, and terrible apprehensions of immediate death. A little soothing encouragement, a dose of morphine and carbonate of ammonia, would dispel his fears and quiet his agitation, and enable him to rest the remainder of the night with tolerable composure. This state of things lasted several months, during which time he was not in a condition to pursue any kind of business, and finding that medicines only gave him temporary relief, I suggested to him that tobacco might have some agency in his complaints (as he used it freely, by smoking, chewing and snuffing), and advised him to abandon the habit. In this I was successful so far as chewing and snuffing were concerned ; but he was so attached to his cigar, that it was a long time before he could be induced to leave that. I will add here, that from the time he left the habit of chewing and snuffing, his health in some measure improved, particularly the shocks and epigastric sinking. He now became satisfied that his partial abandonment of the habit had been productive of good, and renounced the habit entirely ; and the nocturnal shocks and epigastric sinking, with the whole train of nervous affections, vanished as if by magic. His digestive powers gradually improved ; the chronic inflammation of his eyes yielded readily to appropriate treatment ; the gloom and despondency which had oppressed him as an incubus, cleared away ; the nervous palpitations and rushings of blood to the head subsided, and he was able to prosecute his studies with energy, was admitted to the practice of law, and is now an able and talented member of the bar, in the possession of good health, spirits and prosperity.—The foregoing history I copy from my notes taken at the time. There were many other symptoms which are common in dyspeptic cases, and many of those described are found in every-day practice in nervous dyspeptics and hysterical habits. The sudden and complete cure of all the symptoms on leaving off the use of tobacco, was too obvious to escape the observation either of patient or physician.

I will now briefly allude to the case of a sister of the gentleman whose case I have been describing, although not occurring in the order of my notes. She was married, and the mother of two children ; her age 39 ; dyspeptic for the last ten years ; of a nervo-sanguine temperament ; her youngest child 10 years of age. Suffered since her last accouchment from leucorrhœa, partial prolapsus uteri and hypochondriasis. Has smoked and snuffed tobacco for fifteen years. Eight years ago began to have shocks at the epigastrium, with a sinking sensation at the pit of the stomach, cardialgia, acid eructations, a sense of rushing of blood to the head, palpitations, sleeplessness, and startings when first falling into slumber. These kept increasing upon her, when there came on tenderness of the spine along its whole length, but more especially in the cervical and lumbar regions, rigidity of the limbs, costiveness, derangement of the catamenia, &c. She had been under treatment for a long time, with little or no benefit. To soothe her feelings, she had taken more freely of snuff, and had smoked more often, as she fancied that it gave her temporary relief. Seeing the good effect from abandoning the use of tobacco in her brother, she made the same experiment in part herself, and with the same marked relief from many of the symptoms. The shocks at the epigastrium left her, sleep became quiet, her mind more cheerful, and the epigastric sinking, cardialgia, acidity and eructations were greatly relieved. The spine, however, required cupping and counter-irritation, and with the use of anodynes and tonics she recovered a comfortable state of health. This patient has frequently ventured upon a moderate use of tobacco since, but after using it awhile she experiences, though in a slight degree, her old feelings, and then quickly abandons it. She is perfectly satisfied of its pernicious influence upon her constitution, and therefore is in little danger of carrying its use again to excess.

S. E., æt. 40, was in possession of good health until 1838, when he began to emaciate and grow pallid, his food did not digest well, acidity, heart-burn, gastralgia, palpitation of the heart, sinking at the pit of the stomach, and a host of nervous symptoms; gloom, hypochondria, and apprehensions of sudden death. But what most amazed him, and which filled his cup of misery full, was shocks at the epigastrium, which attacked him when first falling asleep every night. These followed him two years, and increased to such a degree that his sleep was a succession of starts, which nearly wore him out. At the end of two years they came upon him during the day. He described them as like shocks of electricity, and confined to the epigastrium. He was incapacitated from business of any kind, was weak, irresolute and desponding. Had consulted many physicians, and taken a great variety of medicines, with only temporary relief. On his giving me a history of his case, I was struck with its similarity to that of D. W., and inquired if he was not in the habit of using tobacco. He stated that he was, and had sometimes imagined that it might have some agency in producing some of his bad feelings, but had never had any physician advise him to leave it off, and in reality was too much a slave to its use to lightly make the sacrifice. Upon my assuring him that the symptoms and disease depended upon the habit, and that nothing but a complete and total abstinence from it would restore him, I extorted a promise that he would lay it aside a month at least. As he was costive, I prescribed the compound syrup of rhubarb, and directed him to call again in a month. At the end of that time I was agreeably surprised to witness the improvement in the appearance of my patient. His countenance, which had previously exhibited a sallow, pallid aspect, was now ruddy with health and strength; he had gained fifteen pounds of flesh in the time, and his strength had increased daily from the time I last saw him. But what to him was more than all the rest, the annoying shocks, with the general nervous agitation attending, had entirely left him from the third day of his abstinence from tobacco. The dyspeptic affection, the palpitation, the gloom and depression of spirits, the apprehensions of death, had vanished as if by enchantment. He had resumed his business (that of a farmer); he could now sleep quietly through the night, and get up in the morning refreshed and buoyant in spirits, and is so convinced that tobacco was the root of all his previous complaints, that it requires no advice to induce him to forever refrain from its use. This man has now the most perfect health, and has taken no medicine since the first month.

C. P., æt. 43; nervo-bilious temperament; farmer; temperate; has been a tobacco chewer for twenty years; has been dyspeptic for ten years, more or less, attended with nervous palpitation and acidity, hypochondriasis and epigastric sinking. First began to have shocks at the epigastrium in 1839, in the night on first getting asleep, which started him up in great agitation and alarm; was frequently obliged to get up and sit, for fear of the shocks. On his consulting me, I advised him to discontinue the use of tobacco, and prescribed no medicine. He left it off, and the shocks immediately subsided. He did not resume the use of tobacco again for eighteen months, and was healthy during the time. Being of an irresolute disposition, he resumed its use again, and in two months the shocks began with great severity. They were now felt in the chest and region of the heart—at first always in the night, but after awhile in the day-time, with a rushing of blood to the head, which would momentarily deprive him of consciousness. The shocks now took place in the head. This so terrified him that he earnestly besought me to prescribe something for him, and agreed to abide by my advice. My opinion was, that no medicine would be of the least service without a complete abandonment of tobacco. This he solemnly promised he would do. I prescribed the compound syrup of rhubarb, with the ammoniated tincture of valerian. The shocks at once left him, his sleep became quiet, his dyspeptic symptoms disappeared, his mind became calm, spirits elastic, and he was capable of working his farm. Two or three times since, he has cautiously ventured on the use of tobacco, but after a certain length of time his old feelings begin to appear; so that it is reduced to a demonstration that tobacco was the sole cause of his former troubles. This man has increased fifteen lbs. in flesh, and his color, from being sallow and pale, is of a ruddy hue.

S. C., æt. 63; farmer; robust and healthy, until four years ago, when he began to complain of epigastric sinking, sleeplessness, palpitation, irritability and nervous tremors. Shocks at the epigastrium came on at the first hour of slumber, which were repeated several times in the course of the night, and often in the morning before breakfast. Has been a tobacco chewer thirty-eight years, and a portion of the time to great excess. On his consulting me, I suggested that tobacco was the agent in all the trouble which he experienced. He said he had often suspected it, but had never had fortitude and resolution to forego its use, but agreed to make trial. The shocks immediately left him, together with all the train of nervous affections; his sleep became calm, his strength and flesh returned, his spirits improved, and he has gained twenty pounds of flesh in three months. He has not resumed the use of tobacco. This man was temperate in all things except tobacco, neither using tea or coffee. He was sensible for years that something was wrong, but could not believe that an article in such universal use as tobacco, and one which he had used for a long series of years, could possibly cause his troubles. This, I am persuaded, is the case with hundreds, who are similarly situated.

S. J., æt. 54; nervous temperament; farmer by occupation; has been in the habit of using tobacco for ten years. It frequently has salivated him. He spits much, is emaciated, nervous and hypochondriacal. The shocks commenced about two years ago in his bowels. They came on in the night, when first getting into a drowse; at length they came on in the day-time, with epigastric sinking, costiveness, and general dyspepsia. I put him on the use of the compound syrup of rhei and ammoniated tincture of valerian, and at the same time he left off the use of tobacco. The shocks immediately left him, and he improved gradually, so that at the present time he is in comfortable health.

A. C., æt. 27, is of a sanguine temperament, and robust habit; a farmer by occupation. Has chewed tobacco for four years to excess. Was taken in the summer of 1841, suddenly, with sinking at pit of stomach and faintness, which obliged him to lie down in the field. Shocks at the epigastrium came on about the same time. These were first at night, on getting asleep, but after awhile in the day-time; at these times he would suddenly break out into a profuse perspiration. His digestion was tolerably good, and his health otherwise little impaired. He says that previous to these symptoms he had used large quantities of tobacco, but never imagined that it could hurt him. I advised him to immediately discontinue its use, which he did, and the shocks and faintness left him at once and have never returned. This man took no medicine.

Rev. Mr. H., æt. 30; of a nervo-sanguine temperament; addicted to the use of tobacco fifteen years. For many years he was troubled with epigastric sinking, and lately with shocks in the same region. He is in tolerable health in other respects, and but for the annoyance which they occasion him when first getting asleep, would not think of asking medical advice. I recommended him to quit his tobacco, which he did, and a perfect cure was the result.

J. S., æt. 40; of a nervo-bilious temperament; followed the sea many years; commenced smoking for spitting up his food. Soon commenced chewing, and carried it to excess, often using a pound a week. Five years ago began to feel a sinking sensation at the pit of the stomach; then starting from his early slumbers, with a shock through the epigastrium and sometimes chest; a rising sensation, like an aura, to his head. Oppression at the chest great, and sudden difficulty of breathing, palpitation, choking, sudden faintings, unquiet sleep, frightful dreams, dyspepsia and hypochondriasis. From being strong, robust and resolute, he became weak, nervous and timid. In this condition he applied to me for advice. It was with much difficulty that I could persuade him to quit his tobacco, and when he attempted it he was often a backslider. But soon he perceived the good effects, and was at length induced to lay it entirely aside, and with it went all his former bad symptoms. I have since ascertained that he was somewhat addicted to the use of ardent spirits, which may have contributed in a measure to some of the complaints.

Remarks.—I might multiply cases that have fallen under my observation, to demonstrate the fact that tobacco is capable, in certain constitutions, and under certain circumstances, of producing a specific set of phenomena which are peculiar and pathognomonic. All the symptoms are more or less attendant on dyspepsia, hysteria and hypochondriasis. But the shocks at the epigastrium are so prominent a symptom, and so uniformly left when tobacco was abandoned, as to constitute a striking peculiarity. The habitual use of any narcotic is liable to produce derangement of the digestive organs, and through that a long train of nervous derangements, which baffle the skill and tire the patience of the physician. The digestion once impaired, the great nervous or ganglionic system takes on a chain of sympathies, which are often at a distance from the first organ affected.

The habitual use of tobacco, when not carried to excess, does not always produce disease, and perhaps we may say that it does not generally do so. From the nature of the substance and its peculiar narcotic properties, an individual cannot start off at once on a free and liberal use of it. Nature has so fashioned us, that when we transgress her bounds (especially in reference to tobacco) we are reminded, by nausea, of the extent we are allowed to go. If it were not for this, how many would destroy themselves before a habit could be formed, rendering its employment so safe that large quantities can be taken almost with impunity. It is the same with all narcotics. Opium, for instance, can be taken, if a habit is once established, in immense quantities, and apparently with little harm. Still, there are constitutions that have long held up under the use of narcotics, that will receive gradually and almost imperceptibly an injury which nothing can remedy so long as the pernicious habit is persisted in. This is emphatically true as regards the use of tobacco. The martyrs themselves little suspect the secret enemy that is sapping the foundations of health and life. They have been accustomed to it, perhaps, from childhood. Their grandfather, father and brothers have used it before them. They never heard a word spoken in disparagement of it, and their own inclination is a powerful advocate for the pernicious article. Perhaps, too, their physician has spoken a good word in favor of their common friend, which has done much to establish it still stronger in their good graces. They may, however, now and then have some misgivings, as they lay awake night after night, taking an inventory of their wretched feelings; but this is laid to the charge of dyspepsia, or the wear and tear of business, until finally they ascertain the true cause, or some acute malady comes to their relief, which, while it lasts, compels them to abandon (for a while at least) the article, while nature re-asserts her violated laws.

As a general rule, those who use tobacco to excess are much troubled with wakefulness; and when they do sleep, it is not "tired nature's sweet restorer." but a succession of broken slumbers, interrupted by startings and disagreeable dreams. Excessive smoking has been known to produce a state of the system in all respects similar to delirium tremens. Most of the narcotics, I believe, when habitually indulged in, render the sleep broken and disturbed with dreams of frightful imagery.

I am not disposed to condemn the use of tobacco in total, for I am not certain that in many constitutions and temperaments it may not be of some service, or at least, that it may not be free from harm; but in those of a nervous temperament, predisposed to dyspepsia and hypochondriasis, I am certain that it is capable of, and generally does do, a vast deal of harm, and is productive of an amount of bodily and mental suffering which few men are willing to encounter a second time. Every physician of much experience in chronic disease, cannot fail of seeing, in some of the cases which I have attempted to sketch, a portrait of many a wretched patient, who has with eloquence and painful minuteness dwelt on his sufferings, his fears and his fancies. Such cases have generally been called dyspepsia, and have been drugged and dieted, or sent off on foreign travel, carrying in their waistcoat pocket the Pandora's box of all their woes. A. B. SHIPMAN.

Cortlandville, N. Y., Nov. 15, 1844.

THE MEDICAL SCHOOL OF MAINE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Inasmuch as some remarks made, under the above head, in the last No. of your Journal, in respect to the Medical School of Maine, are calculated to injure that institution in the public estimation, and are moreover unwarranted by the facts of the case, you will, I hope, allow me to correct the misapprehension which led to them before they have done any further injury. Of the *general* management of the Trustees of Bowdoin College in respect to their Medical School, it is not necessary that I should express either commendation or disapproval; I confine myself to the *facts* in regard to the duration of the respective courses given by the lecturers during the term; from which it will appear that the article above alluded to, does the institution no small injustice, both *comparatively* and *absolutely*.

First, it is implied that there is not another medical college in this part of the Union, of which the Professors come from the four cardinal points, "lecture fast and leave the place;" and thus the Medical School of Maine is made to appear to be "singularly" conducted. Now I had supposed it to be a fact well known to most, that there is one medical school in Massachusetts, and two in Vermont, in all of which a part, and, in some, a majority of the lecturers do not continue their respective courses through the lecture term. This is also the case with the Professor of Theory and Practice alone in the New Hampshire Medical Institution. The Medical School of Maine is not therefore "singular" even upon this showing. But—

Secondly, it is *not* the fact that, in this institution, the lecturers *do* remain a part of the term only. It has ever been a condition upon which they accepted their appointments, that they shall lecture during the *whole term*; and to this rule there has never been, so far as I can ascertain, but a single exception, for the past eight or ten years. During the last session the Professor of Theory and Practice was allowed to give his course during the first eight or nine weeks of the term. The other professors lectured, as they always have done, and still intend to do, during the whole term.

Whether, therefore, the hasty airing of halls, kindling of fires, pocketing of the fees, the fast lecturing and precipitate withdrawing, with the consequent want of acquaintance between the students and the professors, be realities, or not, in the schools I have alluded to above, those better acquainted with them can judge better than I; but there is nothing of this kind at Brunswick. If the lecturers there go ahead "like a steamboat," it is not as "if in a steamboat cabin;" and they do it for the sake of accomplishing more *during* the term, and not of leaving before the end of it. Y.

[NOTE.—The above communication comes from a gentleman for whom we entertain the kindliest feelings of personal regard. With respect to the remarks to which he alludes, it ought not to be concealed that gentlemen of enterprise and thrift in the profession, look upon Portland and Bangor in the light of natural localities for a medical school. There, too, a marine hospital could be organized, and all the machinery put in motion, which long experience proves to be advantageous for the growth, character and convenience of a medical institution. As far inland as Brunswick, no such auxiliary apparatus can well be had, and it is probable, therefore, that the medical department of Bowdoin College could not compete, in this respect, with a rival in either of those flourishing cities. So much patronage has been bestowed, however, upon that College, by the Legislature of the State, in past years, and the library, cabinet, &c., are of such intrinsic value, that it would indeed be a sacrifice to have a rival grow up, to materially injure or to crush it. To prevent an occurrence of that sort, we have been hoping to rouse its immediate friends and legal guardians to an active conservative course. All our predilections are decidedly in favor of Brunswick; but perceiving the danger to which it is exposed, our object has been to excite the proper persons to that immediate action, which promises most for the profit, respectability and stability of the Maine School of Medicine. A resident faculty—one of the number being a good surgical operator—as we before remarked, and as we still think, would greatly assist in ensuring its perpetuity.—ED.]

DEATH BY STRAMONIUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following statement of facts in reference to a case of the improper and ignorant use of medicine, is at your disposal if you think fit to publish it. JOHN SPENCE, JR.

Boston, Nov. 26th, 1844.

Thursday evening, Nov. 14th, 1844, 10¼ o'clock, was called to visit three women, who were said to be in a dangerous condition from the use of some article that they had taken in the course of that evening. It was soon ascertained that they had steeped, as they supposed, about ℥ ss. of hoarhound in a pint of water for a slight cold; but the herb proved to be stramonium, which had been prescribed a few weeks before to be smoked in a pipe for asthma, and they had each of them taken a portion of this deadly infusion.

It may be well in the commencement to sketch briefly each patient. M—— L—— was upwards of 60 years, previous health feeble and delicate. J—— L—— was the daughter of the first mentioned. Age about 30; constitution good. E—— B—— was upwards of 80 years, and naturally of a very vigorous constitution. Had suffered a short period before from bronchitis, but was nearly convalescent. The two eldest were widows.

Appearances.—They lie in bed stupid, with a muttering delirium, unable to articulate a single word. There is a certain and peculiar wildness of countenance. Their faces are flushed. Pupils much dilated. Conjunctivæ highly injected, with a total insensibility of pupils. Lips and tongue parched. *No vomiting.* Breathing at times stertorous, and labored. Hands cold, with a trembling and slightly convulsive movement. Great rigidity of the muscles of the neck and back. At times active efforts at utterance.

For the space of three hours at intervals, various antidotes were resorted to, as ipecac. combined with sulph. zinci, tartarized antimony, sulphate of copper, mustard and water, salæratus and vinegar, draughts of warm water, tickling of the fauces. The various combinations employed produced but little effect. Stimulants were then substituted, as a solution of carbonate of ammonia, a strong infusion of green tea, &c., apparently with some beneficial effect. Their use was continued at intervals.

Case I.—M—— L——. Friday, 3 o'clock, A. M. There is a decided improvement. Can raise herself in bed, but mutters. Friday morning, 9 o'clock.—Is conscious, though there is a wildness in her looks. Pupils are dilated. Talks at times coherently, and then wanders. A purgative was ordered each patient. Saturday morning.—Complains of soreness of the throat and fauces. Has a loose rattling cough, with some expectoration. Mucilaginous drinks were ordered. Having survived the immediate effects of the poison, the chances of her recovery seemed favorable; but she continued to droop gradually, and, apparently without any suffering, life fled the following morning.

Case II.—J—— L——, the daughter, was the least affected. Could sit up, but was unable to stand, and resembled one intoxicated. Her symptoms were somewhat of an hysterical character. Friday, 3 o'clock, A. M.—Is conscious, speaks distinctly and seems aware of her condition. Friday morning, 6 o'clock.—Pupils continue dilated. Saturday morning, has quite recovered.

An incident in her case is perhaps worthy remark. She is a seamstress by trade, and is much occupied in sewing. At times, when under the influence of the poison, would seem to herself to be engaged in her usual avocation; and thus would thread the needle, tie the knot at the end, and imitate in every respect the routine of procedure of one thus engaged.

Case III.—E—— B—— drank the most freely of the infusion, and her symptoms were the most alarming. The wildness of countenance in her case was very striking, and almost startling. Pupils very much dilated, and totally insensible. Friday, 3 o'clock, A. M., but little if any improvement. Friday morn, 9 o'clock.—Is conscious, though the wildness continues. Pupils are considerably dilated. Is much excited, talks thickly and articulates with difficulty. Saturday morning.—Is better, though complains of great soreness and dryness of throat. Has improved slowly since that period. Has at present some hoarseness of voice and a cough, for which she is under treatment.

Remarks.—A striking fact, and one deserving of attention, was the entire absence of emesis, as an effect of the stramonium; and the seeming impossibility to produce an emetic effect. This tendency is ascribed to it by medical writers. Thus, Wood and Bache (see U. S. Dispensatory) state that smoking the leaves of stramonium is sometimes attended with nausea, and that when taken in poisonous doses, it causes nausea and vomiting. Pereira, in his Materia Medica, states that stramonium in moderate doses excites nausea. Orfila, when speaking of the effects of belladonna, stramonium, foxglove, &c., when taken in poisonous doses, enumerates, among other symptoms, retchings and obstinate vomitings. He states, " that stramonium is very poisonous; a decoction of the fruit or seeds has been known to produce the most furious delirium, convulsions, palsy, tremblings, and even death."

Christison relates a case of poisoning in a man, where eighteen or twenty grains of the extract of stramonium were taken by mistake for the extract of sarsaparilla. As there are some points in that case analogous to the present, it may not be amiss to cite it. He holds the following language in regard to it. " The symptoms were dryness of the throat immediately afterwards, then giddiness, dilated pupils, flushed face, glancing of the eyes, and incoherence, so that he seemed to his friends to be intoxicated, and subsequently there was incessant incoherent talking, like that of demency. Emetics were given without effect, and there was little amendment obtained from bloodletting, leeches to the temples, cold to the head, or purgatives. But after a glass of strong lemonade, vomiting took place. The symptoms began to recede, and in ten hours he recognized those around him."

Another point worthy of remark, was the active efforts at utterance, and as a consequence the confused jargon, which was made at intervals. Did it arise from nervous excitement? The long-continued dilatation of the pupils, and the peculiar aspect of wildness in each patient, were also remarkable.

The physicians in attendance were Drs. H. G. Clark, E. D. G. Palmer, and the writer.

The above is but one of the many melancholy instances, that too frequently occur from ignorance in regard to the virtues of particular medicines. If this statement shall effect any good by way of caution to the community, it will not fail of its intended design.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 4, 1844.

Relief for Widows and Orphans of Physicians.—In the city of New York, a society exists for providing for the necessities of the widows and orphans of deceased physicians, which is creditable to those who constitute the association. The same plan has been suggested in Boston, but no action has yet taken place. Last week, the members of the New York society dined together, and made the anniversary the occasion of exchanging civilities, and uttering sentiments, highly flattering to the liberality of the profession. Their funds already amount to $2500, and there are 60 active members, embracing some of the best medical talent in the city. Dr. Delafield, the president, after some prefatory observations, concluded a sensible, appropriate speech, in the following words.

"You know most of our profession with difficulty support themselves; that the number of those who have done more than this is but limited compared with the numbers of our profession. We, then, who are in apparent prosperity, cannot tell but that our orphans may be dependent upon this support. Even among those who have been able to accumulate a support, after a change of circumstances (particularly in this city) the vicissitudes of a minute have been able to prostrate the prosperity of years. I have known an old man of 70, who by long saving had been able to accumulate a support for his old age. I have known him deprived of the fruits of his labors, and, old and bent down, have seen him recommence the practice which he had almost entirely laid aside. I have seen the man of middle age die and leave the field, when he was earning fame and fortune.

"Instances of this description are frequent in a profession like ours, and I have lived in this city long enough to have witnessed many such transactions. The only wonder is, not how a society should exist, but that it should have been delayed so long; but I am satisfied that everything in your power will be done, and that it only remains for you to strive to add to its members, and thereby to increase the funds.

"The manner in which our Society has moved in this object, is peculiarly favorable for action, for though I have lived in this city for thirty years, I have never seen it so much at harmony with itself. If there be any ill feeling in the profession, I am unaware of it; and this state of harmony exists, though we have two rival colleges in the full tide of success, and though many of us can remember the day when the profession was rent entirely with disputes. Now the very opposite of this exists, and the utmost harmony and union exists among us. If there be strife, I am unaware of it. True, there is professional emulation, but no undue jealousy."

Ancient Egyptian Crania.—From the proceedings of the Academy of Natural Sciences, of Philadelphia, for October, it appears that Dr.

Morton has communicated an exceedingly interesting paper on Egyptian skulls of ancient date. His ethnographical analysis, as usual, is both instructive and exciting. He is certainly without a competitor in decyphering races from the sepulchral ruins of primeval ages. Dr. Morton has received seventeen skulls, it appears, since the completion of his work on Ancient Egyptian Crania—which, added to those furnished him by Geo. R. Gliddon, Esq., the learned hierologist, make one hundred and seventeen. This, therefore, is the rarest collection of the kind in America. In all, there are six hundred skulls in Dr. Morton's cabinet—all rare, and valuable. By way of illustrating this gentleman's method of arriving at conclusions satisfactory to himself, in the science of ethnography, we intend transferring a part of the paper to which these remarks refer, to the pages of the Journal.

In connection with this subject, we ought not to forget the important service which Mr. Gliddon, late American Consul at Egypt, now in Boston, has rendered to science and letters. Those who have been so fortunate as to hear him unravel the mysteries of Egyptian history, and expound the laws and illustrate the character of institutions that existed in the valley of the Nile, centuries before the birth of Abraham, feel under a weight of obligation to him. He is learned without ostentation; forcible, clear, and always instructive. Wherever Mr. Gliddon may sojourn, we urgently commend him to the attentions of those who delight to honor such as enlarge the sphere of human knowledge.

Pay of Druggists' Clerks.—Practitioners of medicine and druggists appear to have demanded an unusual share of legal attention, of late, in the city of New York. As the case here appended gives a glimpse behind the scenes, it is transferred to the Journal to illustrate the history of the times. It may be more useful to some annalist in a succeeding generation, than of immediate consequence to this. It proves the fact, however, that there is a starving policy even amongst druggists and apothecaries.

"In the Court of Common Pleas, Joseph L. Shafer *vs.* John and Theodore Cornell.—Action to recover $365 for a year's wages of plaintiff's son in the medical office of Drs. Cornell, corner of Avenue D and Fourth street, less $140 allowed for money received and for board. It is contended that the $140 is full compensation for the lad, who was 17 years of age, and had been one year at the drug business previous to going with defendants. His duties were to put up prescriptions for defendants, and to stay in the office from 7 o'clock in the morning till 10 at night, and till 2 o'clock on Sundays. To show that the compensation had been ample in proportion to what other young men got in the same business, several druggists gave testimony; from which it appeared that the salary given to clerks in druggists' stores is very small. Mr. Delluc (firm of Souillard & Delluc), testified that the sum already paid to the young man is abundantly large. His firm have at present a young man who came to them with a good knowledge of the business, and is every way competent, and to whom they give $12 a month, or $3 a week, without board. Another gentleman (Mr. Wier), testified that he has a clerk in his employment who is 35 years of age, and has been at the business twenty-one years, and to whom he pays $5 a week, &c. Other testimony was pretty much to the same effect."

Cold-water Punishment in Prisons.—This modern torture requires looking after by benevolent prison visiters. Matters will certainly be carried to extremes if this showering process to subdue obdurate prisoners is not inquired into at once by a humane and enlightened public. In the Auburn State Prison there happens to be a man in authority, with a spark of humanity in his soul—and this is what he says. "Soon after the present keeper came into office, he became satisfied from observation and from the representation of the physician, that showering with cold water, in the way it has been practised here, and when continued long enough and in the mode to make an efficient punishment, was injurious to health, and he has therefore, with the approbation of the inspectors, caused it to be discontinued." Dr. Theodore Dinion, the physician of the institution, deserves the thanks of the public for his independence in regard to this refined inquisitorial torture. "Immediately after entering upon the duties of physician," he says, "I made the subject of punishment with cold water, a matter of thorough investigation, and came to the conclusion that when managed so as to form an efficient means of punishment, it would be dangerous to health and life."

This is only the beginning of an effort to show the cruelty and wickedness that is rife in prisons, where the incarcerated wretches are too often made to feel the tyranny of their fellow men, when clothed with brief authority.

Formation of Medical Character—Dr. Harrison's Address.—To some kind, but unknown, friend, we are indebted for a copy of an introductory lecture delivered at the Medical College of Ohio, Nov. 14th, by John P. Harrison, M.D., on the formation of medical character. His system of medical morality is excellent, and were it universally extended, felt and lived up to, what a paradise would be the residence of physicians. We should not be afraid to place a son under Prof. Harrison's charge, after reading this very satisfactory production, though we never saw the man—which is the highest compliment we can pay him.

Medical Matters in Kentucky.—Notwithstanding the rumors and efforts put forth by enemies to injure the Transylvania Medical School at Lexington, we hear things are going on prosperously there, and no one ever thought otherwise but those envious of its celebrity. At Louisville, too, the school is well sustained. All this only shows that just so long as Kentucky maintains the high reputation she now enjoys for educating intelligent, skilful surgeons and physicians, all the rival institutions in that region of country cannot circumscribe her influence, or prevent the annual increase of students.

Cause of Milk Sickness.—A Mr. Joel Foster, of Edwardsville, Illinois, believes he has discovered the cause of the metaxicum—or, as it is improperly termed, milk sickness of the west. He ascertained that water drank from a certain locality, produced the much-dreaded disease, both in himself and in cattle. On further examination, the opinion prevails that arsenic, from some cause, abounds at that particular region, which being mixed with the water used, has been the cause of this new and fearful malady. From an article in the Nauvoo Neighbor, it seems that Dr. John H. Wier, of Edwardsville, gives countenance to Mr. Foster's suggestion. Further explorations are contemplated, and the public will soon have the benefit of all the facts that may be brought to light.

Use of Quinine in Siam.—Dr. Bradley says, "It may be truly said that every house in Bangkok is open to receive us. On the day the steamer sailed, I was summoned to visit the brother of the Praklang, for the purpose of prescribing for him; he was sick with the intermittent fever. He and many others of noble rank have learned the power of quinine, and will have it at all events. It does truly work wonders here in the cure of intermittents. This one article is giving us more fame than all our other medicines or medical practice. It is only within the last year that they have begun to credit what we have told them of its virtues. They now wonder at their former incredulity."

Medical Miscellany.—A strong manifestation of displeasure is exhibited against Sir James Graham's medical reform bill, in England.—Professor Liebig has gone home from England, to lecture at the University of Giessen.—In the New York Court of Common Pleas, Dr. King brought an action to recover $250, a balance asserted to be due for medical attendance on the daughter of W. Hathaway, but the verdict for plaintiff was only $50.—In every 100 persons who die in Paris, 50 are native Parisians, 4 from the country, 41 from other counties in France, and 3 from abroad. In the same city, there are 31,016 unmarried and 3,363 married persons.—Dr. Morton, of Philadelphia, lately received from Dr. Goheen, an extensive series of skulls of mammiferous animals, from Western Africa, among which, is a supposed new species of hippopotamus.—A public meeting was lately held in London, the Mayor presiding, to consider the subject of establishing public baths aud wash-houses for the poor. Subscription lists were opened.—A public dinner was given to Prof. Liebig in Glasgow on the 11th of October. About three hundred noblemen and gentlemen, it is said, were present.—There is a society in London for the relief of widows and orphans of medical men.

To Correspondents.—An interesting case of strangulation of the colon by the meso-colon, has been received from Dr. Davis, of Portland.

Married,—At Colchester, Conn., Dr. B. D. Dean, of Fall River, Mass., to Miss S. T. Rogers.—At Ashtabula, Ohio, Stephen F. Selby, M.D., of Willoughby, to Miss S. A. Fiske.

Died,—At Saratoga, N. Y., Dr. A. C. Birchard, by suicide, in consequence, it is supposed, of losing all his property by a recent fire.—In Roxbury, John Bartlett, M.D., 81.—At Oswego, N. Y., Dr. Lucas Van Schaack, 50, exceedingly lamented by all who had the pleasure of his acquaintance.—In Concord, Mass., Dr. Isaac Hurd, 88.

Number of deaths in Boston for the week ending Nov. 30, 39—Males, 21; Females, 18. Stillborn, 6. Of consumption, 4—inflammation of the lungs, 3—croup, 3—dropsy on the brain, 4—typhus fever, 1—scarlet fever, 4—gravel, 1—infantile, 4—palsy, 1—inflammation of the bowels, 2—tumor, 1—brain fever, 1—lung fever, 1—disease of the heart, 1—canker rash, 1—sudden, 1—quinsy, 1—dropsy on the heart, 1—old age, 2, unknown, 2.

Under 5 years, 16—between 5 and 20 years, 5—between 20 and 60 years, 13—over 60 years, 5.

Foreign Bodies in the Rectum.—M. Maisonneuve related to the "Societé Medico Pratique," the case of a man—a patient of M. Cloquet's—who had introduced a tumbler into his rectum. In order to extract it, M. Cloquet dilated the anus with six fingers, which being insufficient to dilate it to the required extent, MM. Maisonneuve and Huguier, who were present, each added four fingers. The fourteen fingers enlarged the anal surface to such a degree, as to allow the tumbler to be seen. The bottom of the tumbler was directed upwards, and the open part downwards. The man was then told to bear down, as if for defæcation, and the glass was expelled. This case is a most remarkable example of the extent to which the anus may be dilated, without injury to the sphincters.

A few weeks previous, M. Cloquet had had under his care another individual, who had introduced a Flemish beer-glass (shaped like our champagne glasses) into his rectum. The glass was seized with forceps, but broke into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downwards. The man died in the course of a few days.

M. Thierry narrated a case which occurred to Dupuytren. A man had introduced a square preserve-pot into the rectum, the open part being superior. Dupuytren seized hold of the rim by means of a blunt hook covered with chamois leather, and thus extracted it.—*Gaz. des Hopitaux.*

Vesicular Polypus of Os Uteri.—"Dr. Montgomery observed to the Dublin Pathological Society, that the mode of growth of this polypus was peculiar; it consisted in an enlargement of the muciferous glands near the os uteri. It has been remarked that the polypus rarely exists alone, there being usually another high up within the uterus, but in this case there was but the one. There is often great difficulty in extirpating polypi of this kind, either by excision or ligature; in such cases Dr. Montgomery has found that they may frequently be destroyed by strong astringent solutions introduced through a bent glass tube, so as to be applied directly to the morbid growth. He had met with one case where this was successfully effected, but in which the patient had ultimately fallen a victim to another uterine disease; both in that case and the present the patients were unmarried, and there was atrophy or non-development of the ovaria, which, in this instance, were not larger than those of a child three years old."—*Dublin Journal.*

Abscesses of the Liver in Algeria.—A letter to the Academy from M. Ferrin, army-surgeon in Algeria, contains the following statement: "The intermittent, remittent, and continued fevers, which attack the inhabitants of Algeria, at first disturb the entire economy, without affecting any particular organ. If the attack persist or return, it is followed by congestions and hypertrophies of the viscera, especially of the lungs, the spleen, and the liver; thus it is evident that these accidents are the effects, and not the causes, of the vital reaction. Abscesses often form in the liver, as in the East Indies. We have had twenty illustrations of this pathological fact during the present year. In one case an abscess opened into the bronchi; the patient having died, the progress of cicatrization was found to be considerably advanced in the liver."—*London Lancet.*

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DR. C. J. B. WILLIAMS ON CONSTIPATION.

We now pass on to the consideration of that form of *constipation* which corresponds with indigestion. This affection is principally seated in the colon, and may be regarded as opposed to diarrhœa; it may consist in defective secretion of the canal, or defective muscular action, or both combined; and each of these, defective secretion and defective muscular action, may depend on different pathological causes. Generally speaking, defective secretion and defective muscular action go together, just as excessive secretion and excessive muscular action of the canal constitute diarrhœa. They produce torpor of the bowels, and extreme irregularity in their action.

Now, among the *causes* to which we may trace this imperfect action, we find, in the first place, the character of the food to be the main source of costiveness. For example, food of a certain nature will produce fæculent matter, but does not, by its presence, excite the biliary secretion, or the peristaltic action of the bowels. This is the character of all farinaceous food generally; more particularly of those kinds which abound in starch, as arrow-root, gluten, and rice. Rice and arrow-root we find are constipating, not from any astringent property they possess, but merely negatively so, from the want of any stimulating property. Fæculent matter, formed in large quantity, tends to lessen, rather than increase, the peristaltic action; and the bowels are liable to become costive from the mechanical obstruction offered to the passage of the food. Further, the food may be astringent, by having the effect of arresting the secretions of the canal, or else by its acrid and irritating quality, causing spasmodic contractions, as is sometimes the case in colic. Some liquids, such as vinegar in any considerable quantity, very often produce costiveness of the bowels, at the same time that they greatly irritate the passages.

Secondly, we may trace constipation to torpor or imperfect action of the intestinal muscles; and, perhaps, not only of the muscles, but also of the secretory power of the intestines; for the intestinal canal is not only a moving organ, but also a secretory organ. This is illustrated after the operation of a strong purgative; the bowels generally become torpid, and inasmuch as the intestines become exhausted, and the secretions otherwise have been excited too freely, they seem to secrete less freely afterwards. But, sometimes, it is a sign of general weakness of the intestinal muscles, a part of the general weakness of the system; and, accordingly, in anæmia, you find torpor of the bowels taking place. The same thing is observed in any state of great weakness, after fevers and illnesses, and after extreme fatigue of the body. Paralysis, and particularly paraplegia, are causes of this. Some other causes act in a similar way. Enervating heat, exhausting the body, greatly reduces the powers of the intestines. Continued cold has a similar effect. Moderate cold, however, increases the tonic action of the intestines, to a high degree. In other conditions—the state of atonic plethora, for example—a costive state of the bowels is frequently present. The excretions are often defective from irritability of the muscles of the intestines.

Thirdly, this morbid condition may arise more directly from deficient secretion, rather than defective peristaltic action, which latter may go on, even if the secretion be imperfect; a scanty evacuation is the result. This is to be met with in connection with defective secretion of the liver, more particularly; arising from different diseases of that organ interrupting its secretion, or from obstruction of the ducts passing out of it. Diseased states, likewise, of the intestine, such as congestion of its coats, connected with derangement of the liver, are often attended with this sort of defective secretion. Inflammation may be considered as, in some degree, interfering with the powers of secretion of the liver, and the intestines. Enteritis is one of the instances in which the secretion appears to be greatly interrupted. There is, here, not merely spasmodic contraction, but the secretion is interfered with. So, with regard to gastritis, where there is much irritation, it frequently happens that the lower part of the canal is defective in excitability and in secretion. Defective secretion and imperfect contractility are frequently combined together.

Now, from this you may understand, that constipation may be either symptomatic of various diseases, or it may be idiopathic—itself the chief cause of disease. The frequency of the occurrence of symptomatic constipation is one great reason why purgatives are so often useful in the treatment of diseases of almost every kind; for, in a majority of cases, there is symptomatic costiveness, and a tendency to great constipation of the bowels. It thus becomes an indication to use purgatives; not merely to remove this state, but, likewise, because the accumulation of the fæces becomes a source of still further mischief, aggravating greatly the organic disease, and adding to the local and general symptoms. In febrile diseases, there is apt to be a re-action, and it often happens that the evacuation of the loaded bowels very much mitigates this effect. Idiopathic constipation, where it exists without any other permanent disorder, is not uncommon, and, in a great number of cases, it, perhaps, consists in an insufficient action of the lower intestines, or of the colon. Sometimes, in costiveness, there is distention of the bowels, especially of the colon, by flatus, causing a feeling of fulness and tightness in the abdomen. There is often, too, considerable tympanitic distention, where wind is secreted in large quantities. Accordingly, the sounds arising from the motion of wind in the intestines are commonly heard in persons of a constipated habit. There are shifting or aching pains felt in various parts of the abdomen, usually, perhaps, in the right iliac, or hypochondriac, region, about the right, and sometimes the left, hip, and in the loins; also, uneasy feelings, such as, restlessness, and inability to be quiet, without being able to explain exactly why. In children, symptoms of chorea sometimes arise from a costive state of the bowels; and, in adults, there are cramps of the legs, which are very common signs connected with imperfect action of the bowels. Other symptoms arise in the general system; headache is a very common sign, and there is, in general, languor and depression of spirits. These different symptoms arise, partly from the direct irritation of the accumulated fæces on the nerves, and partly from the noxious influence of the retained and absorbed excrement, for matters, long retained in the alimentary canal, are partly absorbed again into the system. The fæces are in a compact and dry state, if the bowels are not regularly evacuated, which shows that the moister parts are absorbed away; and those persons who have habitual costiveness of the bowels, generally have unpleasant smells about them, and the countenance is more sallow than usual; the tongue is usually more or less loaded, and the breath is very fœtid; the fæces, too, are darker than usual, and they present a moulded form from the cells of the colon, or the different portions of the intestines, in which they have been retained. The accumulation of fæces in the abdomen may cause a considerable amount of swelling, and various other symptoms: for example, by their pressure, as not unfrequently happens, on the gall-ducts, they may produce jaundice; or, on the stomach, nausea, and a disturbance of the function of digestion, or dyspepsia; and, frequently, hæmorrhoidal swellings, or piles, are caused by their presence. In extreme cases, numbness and swelling of the legs, and even paralysis, have been induced by their pressure on the nerves of the pelvis. Sometimes, the abdomen is enormously distended; and I have seen such patients, who have had the appearance of advanced degrees of dropsy, and who have been pronounced to be laboring under organic disease, and tumors of various kinds. I remember the case of a patient who, when brought into the Hospital, was supposed to be affected with organic disease of the abdomen, and had been treated for such for some time, in whom the abdomen had been distended for six or eight weeks, to a very great degree, insomuch that the cartilages of the lower ribs were turned out, and yet all this tumor vanished, after a purgation of some days, and was produced solely by a vast accumulation of fæculent matter. Neglected constipation will lead to local irritation, and, as a result, you may have diarrhœa set up, from the irritation of the parts, and increased secretion results. Dysentery even may ensue, and inflammation of the colon, attended with pains of various kinds; neuralgia and severe griping pains of the bowels, accompanied with colic, and a spasmodic contraction, ending in deep-seated enteritis, and cholera. These are the local effects. Organic changes, too, may arise; and, in addition, a cachectic state of the whole system, a low febrile state, from the bad influence of the accumulated fæces on the nervous system.

The *predisposing causes* you may deduce from what I have already said, as to the pathological characters of constipation. Sedentary habits, especially when combined with various enervating influences, greatly promote constipation. This occurs very often among females who are much confined within doors, and who are in the habit of using but little exercise. It is sometimes excited by attacks of hysteria, and, as I said before, by bad or defective diet. Particular kinds of waters, those abounding in iron and calcareous matters, greatly aid in producing constipation. All the different causes that produce general weakness may cause costiveness. Excessive action of purgatives, and neglect of the bowels, will often produce it. But, perhaps, one of the most frequent causes, which it is important to remember, is inattention to the calls of nature, or want of regularity in the evacuation of the bowels. It is a process that ought always to be considered as conducive to health, and should be set apart to be done at a regular time in the day, quite as much so as the eating of any given meal.

Now, with regard to *the treatment*. The first indication of the common form of constipation, where there is an accumulation of fæces, is to unload the bowels; and to fulfil this, purgatives and injections are the chief means. The best purgatives, for this purpose, are the mixed purgatives, those which exercise an action on the whole canal; for, although costiveness often proceeds from the defect of one part of the canal, the torpor ultimately extends to the whole; and it is not a safe practice to administer too strong a purgative of one kind, to act on one part of the canal only. The effect of giving a large dose of aloes, or a large dose of colocynth alone, is to irritate one part of the canal, and leave the liver unaffected, and thus, perhaps, convert constipation into inflammation. For this reason, it is highly advantageous to combine the different purgatives together; and if there is already much pain and irritation produced by the constipation, we should combine with purgatives those medicines which deaden the sensibility, and prevent spasm. For this reason, the combination of calomel, colocynth, rhubarb, and henbane, answers well. If these are not sufficient, great advantage will result from the addition of occasional doses of castor oil, or else of salts and senna, in the form of a black draught. I cannot dwell too strongly on the virtues of castor oil, in cases of prolonged constipation. If given in large doses, it does not irritate as other medicines; yet it acts more thoroughly; it penetrates, and, in some degree, has the mechanical power of insinuating itself into the crevices and curvatures of the intestines, and thus dislodging the accumulated masses, where calomel and other medicines had failed to act. Mercury, though it acts more especially on the liver, and stimulates the secretion of bile, is accompanied with a great deal of griping pain, and is not, by itself, so effective in unloading the bowels. Where the accumulation is very considerable, it is desirable to facilitate the action of the bowels, by copious injections of oil or soap and water. Remember, that these accumulations of fæculent matter, sometimes, consist of a hard and compact mass—so hard, that purgatives, which merely stimulate the canal to contraction, produce very little effect upon it. Injections of castor oil, with a little turpentine, or of olive and linseed oil, mixed up with gruel, are useful: of this one, two, three or four pints may be thrown up. The use of turpentine is indicated where there is a tympanitic distention of the abdomen. Rue and assafœtida injections are also useful in such cases. After the fæces have been dissolved, the bowels pass into an irritable state, and there is often a considerable amount of pain. It frequently happens that, after the great accumulation has been removed, the tongue is more furred, the pulse more excited, and the system more deranged. In this state of things, mercurial purgatives, combined with opium, or mercury and Dover's powder, followed by small doses of castor oil, or else rhubarb, or some other mild aperient, may be given, for several days afterwards, with great advantage. If the opium irritates, instead of giving Dover's powder, conium may be employed as a substitute; moderate doses of conium and mild aperients may be given until the bowels are brought into regular action. Where there is a tendency to low inflammatory affections, such as gastritic dyspepsia, which often occurs in costive habits, the aperient that suits best, will be found to be small doses of castor oil; a teaspoonful, the first thing in the morning, or the last thing at night, acts admirably, and ensures the regular evacuation of the bowels. In some persons, olive oil acts in the same way. Castor oil is extremely valuable in cases of dyspepsia, where stronger purgatives do mischief. Sulphate of potash and sulphur sometimes answer very well.

The diet of persons, disposed to constipation, should be of a plain character, not too much abounding in farinaceous food. Too much bread should be avoided. There is a common error with respect to bread, and many persons will eat it all day long; hence, it becomes a great cause of constipation. It is better to eat it, two or three times a day, in small quantities. A thing you will find of great use—and which is very popular in the sister-kingdon—is oatmeal porridge. It has none of the constipating effects of farinaceous food in general. Fruit is very often taken with a view to counteract costiveness, but I believe its effect has been overrated. The most important part of the treatment of constipation, consists in preventing the accumulation of fæculent matter; and, therefore, the promoting of the proper and natural action of the bowels is far better than any description of diet or medicine that can be given. I must say a few words upon the practice fallen into of late, by a good many individuals, namely: that of confining themselves to the use of injections to promote the action of the bowels. I think this practice is a very injurious one; for, when injections are frequently administered, instead of producing a healthy action in the bowels, they generally tend to bring it into a state of torpor. They mechanically distend the bowels, and thus do mischief. General tonic measures, to improve the health, are sometimes necessary. The application of electricity, or galvanism, has been recommended by some to promote the action of the bowels; it may be useful so far as excitement of the peristaltic action is concerned.—*London Medical Times.*

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

ANSWER TO THE MEDICAL CIRCULAR OF THE INSTITUTE.

[Communicated by the Department for the Boston Medical and Surgical Journal.]

To the Corresponding Secretary.

Sir,—In reply to a Circular dated 12th ult. from the National Institute, Washington, D. C., containing sundry interrogatories relating to the medical topography, diseases, health and longevity of the county of Fauquier, Va., it gives me much pleasure, as far as lies in my power, to furnish such information as I may possess—in some instances directly, in others indirectly, and in others still, negatively—some of the questions not in any way embracing the information sought relating to the medical statistics of this region of country.

1. *What the Medical Topography, and whether any extensive sources of Malaria. A.*—The upper two thirds of this county, lying S. E. of the Blue Ridge, is elevated, undulating, partly mountainous and quite fertile, though not remarkable for its fertility. The lower one third is principally flat and marshy, or very gently undulating, and much less fertile than the upper. The whole county, especially the upper two thirds, is well watered with running streams—the lower is subject to more inundation during the spring and summer freshets. The general slope of the surface to tide water, however, does not admit of so long a detention of the water, as with vegetable decomposition would create malaria sufficiently abundant or concentrated to produce the evils elsewhere resulting from this cause, to the inhabitants. Epidemics of any kind are therefore seldom known, if at all—even an endemic from malaria is not often known. Sporadic cases of bilious remittent and continued fevers are sometimes met with during the latter weeks of summer, autumn and winter, in the vicinity of mill-dams, whose beds have been left dry by the droughts of summer. They are produced, too, as some think, by exposure to night air or heavy rains, or other causes not chargeable to the neighborhood at large. These cases confine themselves to one or two families. Cases of a typhoid character, and complicated with affections of the great viscera, either of the abdomen, thorax, or head, or their membranes, are met with, endemically. These varieties are determined as the season is warm and damp, cold or changeable. They are never ascribed to malaria, but simply to alterations of temperature and season. They require topical depletion, counter-irritants, mercurials blended with opiates, and generally yield to this treatment.

We never see chronic enlargements of the liver, spleen, or pancreas. The night air of this region during the summer months, when compared with other districts of the United States, is remarkably dry, but after rains or a continuance of cloudy weather it acts as above stated, in the opinion of old and observant inhabitants, as an excitant and disturber of the human economy. We consider that the latter part of the spring, the summer months, and the beginning of autumn, are the most healthy periods of the year; the latter autumn, winter and early spring, but especially winter, as most fruitful in disease; pleurisies, rheumatism, quinsies, catarrhal affections, influenza and inflammations of the joints, as most prevalent; towards the close of summer, diarrhœa and dysentery.

The fevers most frequently seen during the cool or cold months are those of the synochus type. Their duration is from three to eight weeks; they are manageable with ordinary care and treatment, and in general the per centage of mortality is very small. We are subject, as other communities, to complaints of atmospheric or contagious communication, occurring endemically, as hooping cough, mumps, scarlet fever, measles, &c. The smallpox has not been seen for many years, except in two instances; the first confluent, imported from New York, resulting in death; the second mild distinct, ending in recovery.

The cholera did not visit us. We have occasionally cholera morbus during cool, damp seasons with alternations of hot sun—the vegetable growth is observed to be more fibrous and less pulpy.

As we have no extensive sources of malaria, we may reasonably infer that the diseases of this region cannot be ascribed to this cause, except to a very partial extent, if at all. On the other hand, this region is considered so abundant in healthy influences, that the watering place, six miles from Warrenton, as indeed the whole surrounding country, is resorted to by crowds from almost every State in the Union.

This county is sufficiently fertile and salubrious to support a large white and black population of all ages, from infancy to extreme old age, and furnish a surplus, without being so abundant in vegetable matter as to injure health or prevent longevity. The face of the country generally is bold, picturesque and undulating; belts of sand, red and light clay, alternate throughout. The surface rock is quartz, sand-stone and trap, the decomposition of which last gives color and tenacity to the clay. The water is clear, cool and abundant. The most or all of the grasses and grains, with proper care and husbandry, grow with luxuriance, yielding an ample supply to man and beast.

2. *What the Effect of Agriculture, felling and clearing Forests, Drainage, &c.?* *A.*—So many years have elapsed since the opening of this county, that it has afforded no means of seeing the effect of these latter influences, as in a new country, either upon the climate, health, or character of disease. The effect of agriculture is probably more manifest. The staple of tobacco being substituted by the grasses and grains, by which the productive capabilities of the county have improved, it now, after one third of a century, begins to wear a more pastoral and agricultural aspect, which may in part account not only for the change in the physical but in the moral condition of the inhabitants, as well as the change in the type of disease. The inhabitants generally are stout-limbed aud able-bodied, of ruddy complexion, and wear the expression of high health and vigor; their habits are active, energetic and laborious; they are independent, high-minded and intelligent. Among the better classes the higher branches of learning are cultivated—few in the middle are without the lesser advantages of education, and the lower classes are better informed in the elements than the same class in many of the other States. Their mode of subsistence is plain, mixed and sub-

stantial. The consumption of alcoholic drinks has been declining for a number of years past, and there has been a sensible improvement in the conduct, habits, intellectual and moral condition of every class. This change may be ascribed in great part if not entirely to an advance in the arts of agriculture, and greater variety and abundance in the products of the soil.

3. There are no manufactories in this county.

4. *What Epidemics and Endemics have occurred?* *A.*—In 1815 a fever of very high grade, rapid and fatal in its character, prevailed as an epidemic. The functions of the brain were overwhelmed, as I learn. In 1831 and 2, the influenza—in 1833, the scarlet fever—both epidemic and very fatal—both highly inflammatory, requiring active general and local depletion and evacuant remedies, emetic and cathartic. In 1836, in the summer, dysentery—not fatal. In autumn, 1839, typhus gravior and mitior—again in 1842 in the winter, with pneumonia, true and bastard, and again in 1843, following measles in most instances, but in some genuine typhus occurring endemically and confined entirely to the blacks, very fatal when badly accommodated.

5. *What the Character of the Fevers, Cause, most successful Treatment, &c.?* *A.*—The first part of this question is replied to in other answers. We have no reason to believe any of our fevers are the offspring of contagion, but that they arise from exposure to rapid alternations of heat, cold and moisture, being generally of the typhoid, typhus, bilious remittent, and never of the intermittent type. The best remedies are general and topical depletion, with the use of mercurials in full or divided doses, *pro re nata*—effervescing, laxative and cathartic remedies—vesicatories, followed in time by tonic and strengthening means—ventilation, cold applications, mucilaginous drinks, &c. &c.

Autopsies are very rarely practised, in consequence of popular opposition, and too often the neglect of the practitioner.

6. *What Change in the Type of Disease in a Series of Years?* *A.*—It is a common remark among physicians and others, that the attacks of disease for the last thirty or forty years have not been so violent and inflammatory. This observation I do not think is without exceptions, however, for as the summers are hot and dry or cool and damp, or the autumns cold and changeable, or the winters mild or severe, protracted or changeable, the violence and character of disease is changed and the forces of the economy altered. As, for example, one season we see the diseases incident to the season and this region complicated with those of the abdominal organs; another, those of the thoracic; and another, those of the cerebral, and frequently highly inflammatory.

7. *What the Average of Human Life, Increase, Proportion and Causes?* *A.*—The average of life in this region of country is believed to be higher than in many other parts of the State, or United States, for comparatively few children die, and there are many persons who reach the three score and ten years allotted to man. The latter parts of this question are not answerable from any data possessed by us.

8. *What the relative Degree of Health and Longevity of the*

Whites and Blacks, &c.? *A.*—The general health of the negro is better than the white man's, probably from his leading a more active life, and using fewer luxuries, and being free from the cares and anxieties of life. He is better treated than formerly. There more instances of longevity among the black than white population. Both colors here are very prolific, the negro the most so. The mortality is in favor of the latter class. We have no means of accurately knowing the proportions of deaths to whole numbers, or to births.

9. *What the Relative Degree of Health, Longevity, Increase, &c., of Slaves and free Blacks?* *A.*—There are so few free *blacks* among us that they do not furnish material for observation, and these few are so nearly allied to the white race as to partake very largely of its habitudes. This intermixture is very common indeed among the slave population. It is therefore very difficult, if not impossible, to point out critically any difference in these classes, in their liability to epidemic or any other diseases. It is the opinion of many that the mixed race has not the stamina of constitution of either, nor the capacity to resist either climate or disease, but is, in intellectual faculties, superior to the negro. In a given number of each, the instances of longevity would be greater among the slaves.

We have no means of ascertaining the relative increase of these classes.

10. We have no registers of marriages, births and deaths, and therefore cannot satisfactorily reply.

11. *Cases of Longevity, the Occupation, Habits, &c.* *A.*—We have no instance *now* of great longevity, in my knowledge. Within five or ten years past all have died, and all save one natives of this or the adjoining counties. The ages ranged from 80 to 105 years. The exception was an Irishman, and the instances were both white and black.

12. We have no inhabitants who live exclusively on milk and vegetable diet, except negro children. Their food is bread and milk generally. They are certainly very healthy—more so than white children who use a more mixed diet. Further we cannot answer satisfactorily.

13. *What the Effect of the Temperance Cause upon Health?* *A.*—The period since the adoption of the pledge has been too short for a positive answer. As far as observed, it has had a most salutary effect upon mind and body, the comfort of families, and the strength and industry of the members. The reformation of confirmed drunkards is wonderful in some instances.

14. *History of Cases, Pathology, new Therapeutic Agents, &c.* *A.*—To the reproach of the profession, the country physician's note book is sadly neglected. I cannot convey any information in regard to new remedies or the revival of old ones, nor can I communicate anything interesting meteorologically. The practice of physic, the principles and remedies necessary for the treatment of the diseases of this region, are so plain and well established, that they admit of but little variety, and furnish very little of novelty.

15. We have no specimens of morbid structure.

I have thus endeavored, in a brief, hasty, and imperfect manner, to evince my respect for the object of the institution, as well as the gentlemen who compose the medical department, by answering the several interrogatories contained in the circular, and shall hereafter communicate any fact, case, or other information likely to be interesting to the cause of science or to themselves. The institution has my most cordial good wishes. Very respectfull yours,

Warrenton, Va., Feb. 23, 1843. F. Horner, M.D.

Note.—The basis of much of the disease of this region of country is unquestionably the strumous diathesis—the manifestations of which have declined in frequency and force of late years, in general, in consequence of the improvement and increased variety of solid comfort, i. e., subsistence, clothing, or accommodation, or all combined, except during seasons peculiarly changeable or inclement, or such as follow upon the heels of such seasons, and partake more of their changeableness than their inclemency. This was the case last year, 1842, which followed several unusually severe winters, and was less inclement than changeable itself. The whole year was very fruitful in glandular affections of many varieties. This diathesis seems to be the offspring, in many families, of hereditary digestive disorders. Phthisis is not very common in this population. The cases which we do meet with are among the scrofulous or their children, or the grandchildren of dyspeptics afflicted for years with hereditary diseases of the digestive organs—and transmitting glandular or pulmonary disease to their children and grandchildren. F. H.

COLON STRANGULATED BY THE MESO-COLON.

By Gilman Davis, M.D., Portland, Me.

[Communicated for the Boston Medical and Surgical Journal.]

On the 13th Oct., 1843, was called to Anson Robison, Esq., æt. 26, merchant. I found him complaining of violent pain, not constant, but paroxysmal, and referred to the epigastrium. There was no tenderness on pressure over any portion of the abdominal surface, no thirst, and the pulse not accelerated; the bowels constipated, and had been so for some time. The most remarkable symptom was a tonic rigidity of the abdominal muscles. On applying the hand to the abdomen, the muscles were felt to be literally as firm as board, in a perfect tonic spasm, and yielding to no pressure. Colocynth, calomel and hyoscyamus were given internally, conjoined with morphia and repeated injections. After three days the symptoms yielded, but there was pain, and rigidity of the recti and other muscles remaining for several days. The relief began as soon as an evacuation from the bowels was procured.

On the evening of the 5th of May, 1844, I was again called to see Mr. Robison. He had enjoyed moderate health in the interval since I had last attended him, but had been troubled by constipated bowels. During the latter part of the time, he was observed to place his hand frequently during the day, on the hypogastrium, as if in pain, and during the last week had repeatedly said to a member of the family, that he could obtain no evacuation from his bowels. There was a very small discharge, however, two days previous to my visit. I found him complaining of great pain, as in the previous attack, but with much less of the muscular rigidity; the pain, as before, coming on in paroxysms. There was now superadded to the previous symptoms, constant vomiting, the smallest quantity of fluid being instantly rejected, and the effort of vomiting increasing the pain. There was *no* thirst, *no* pain caused by the firmest pressure on the epigastrium or other parts of the abdomen, and the pulse not perceptibly accelerated. His pain he referred to the epigastrium, placing his hand directly below the sternum, and repeatedly said there "was a stoppage there," and that "he should feel better if he could only have an evacuation from his bowels." There was no appearance of hernia. There was a remarkable restlessness and nervous agitation, as much as I ever before saw.

The same medicines were given as before—calomel, colocynth, hyoscyamus, morphia, and injections. Between 11 and 12 o'clock that night, there was a slight alvine evacuation, but it afforded no relief. Hot fomentations with hops enclosed in flannel bags were kept constantly applied. The morphia afforded slight temporary relief. There was no vomiting of fæculent matter at any time.

He remained in this state Monday and Tuesday, during which I visited him four times a day. On Tuesday night, at 11 o'clock, I visited him, and the symptoms had not changed; still no tenderness and no apparent acceleration of the pulse, though I examined carefully and often, and with surprise. It was evident there was some internal strangulation, and that it must end fatally. On Wednesday, at my morning visit, I found a great change—a Hippocratic face, the pain much less, and the pulse between 130 and 140, and so feeble as to yield to the slightest pressure. He was also thirsty now, but the smallest quantity of fluid was rejected generally, though he had swallowed and retained a very little broth. There was extreme restlessness and jactitation, the patient going repeatedly from one room and one bed to another.

He remained in this state till evening; the extremities then became cold, but he lingered till the next day (Thursday) and died at 12 o'clock, noon. For hours before death the limbs were icy cold, and no pulse, and the most incessant restlessness, the poor sufferer rising up in bed with a look of indescribable anguish, and then falling back faint and apparently dying. I remained with him from Wednesday noon through the night, and until his death, with the exception of an hour and a half on Thursday, when I was obliged to leave him.

On the following morning I opened the body. The stomach was empty, with considerable ecchymosis; the gall-bladder fully distended with dark bile; the intestines filled with gas, and a little fluid fæcal matter. In the hypogastrium appeared a large knuckle of intestine, of a deep port-wine color. I removed the whole with great care, and found this knuckle to be composed of thirteen inches of the colon, strangulated in an aperture in the meso-colon, the aperture being about the size of an American quarter of a dollar. From the strangulated part of the colon to its termination in the anus, it measured four feet. I need not add that the portion included in the aperture was in a complete state of mortification. The aperture was round and with even edges, with no appearance that could lead to any reasonable conjecture as to its formation; nor could I learn that the patient had ever had any severe fall or blow upon the abdomen.

I know of no similar case. In the two cases recorded by Sir Astley Cooper of mesenteric and meso-colic hernia, in the last edition of his work on Hernia, the bowel was contained in a sac formed by the intestine protruding itself through one layer of the peritoneum forming the mesentery, separating the two layers, and remaining enclosed between them. In this case the aperture was through the entire thickness of the meso-colon, and through this thirteen inches of the colon had passed and become strangulated.

DENTISTS' EXTRACTING FORCEPS.

[Communicated for the Boston Medical and Surgical Journal.]

The very great amount of disease and pain occasioned by constitutional imperfections of the teeth, and the neglect of appropriate and seasonable attention to them, is a subject always deserving our serious consideration —and especially when we have anything to present which will in some good degree diminish the suffering that is too often occasioned by the maladies to which they are subject, or the mal-treatment which they receive from various sources.

The introduction of suitable forceps for the extraction of teeth, has already diminished the amount of human suffering in these operations to an extent which can only be estimated by those of the profession who have long been familiar with dental surgery, or by patients who have repeatedly experienced the effects of the old and the new mode of operating—have writhed under the grinding fulcrum of the German key and pelican, or have had their teeth crushed by the *ancient*, or even modern, rudely-made pincers; and after this, have been separated from tooth and toothache by the dextrous application of well-constructed forceps.

About twelve years ago I had so far succeeded in improving these instruments by a perfect adaptation of their jaws to the various forms of the teeth, that I found they could be used in all, even the most difficult cases, and with a degree of satisfaction, both to patient and operator, which could not possibly be obtained from the old-fashioned instruments above mentioned.

After a full and fair trial of them, I published an account of the result in your Journal, with a plate illustrating the application and advantages of each instrument, stating at the same time, that by them, the use of the old key, &c., had been entirely superseded in my own operations.

I had full sets of them made, not only for my own use, but to supply many gentlemen of the profession whom I requested to give them a fair trial. The result has been, that they have been used and approved in all parts of our country to which they were soon sent by the artists in Philadelphia (Messrs. Weighan & Snowdon), who had my original patterns.

I have been induced to call the attention of the profession to them at this time, because of circumstances which I shall state in what I have now to add—circumstances which have obliged too many of the profession to resort to the old and more cruel modes of operating in some cases of difficulty, and have caused others to decline a trial of suitable forceps when they have been within their reach.

As soon as a demand for these instruments arose, imitations of them were made by other manufacturers, with little attention to the original design of adapting each instrument to its use by carefully fitting it to the form of those teeth to which it was to be applied; and, therefore, although some improvements were made in the shape and finish of the handles, for the ease and accommodation of the operator, the market has been full of instruments passing as Flagg's Forceps, which bore but a slight resemblance to them, and were better fitted to cut and break teeth in pieces, than to extract them.

Of the artists who have manufactured these instruments of late, no one to my knowledge (and I have taken great pains to be informed), has so closely apprehended and followed out my original design as Mr. Chevalier, of New York. He has lately improved them by a very exact imitation of the original patterns, which I had revised and corrected for this purpose at the request of Mr. T. Metcalf [apothecary, 33 Tremont row], who has shown great zeal and discrimination in providing the best instruments, and all other articles for the use of dentists, which are to be obtained in our country or abroad.

I have used several pairs recently made by Mr. C., and have carefully examined nearly all that he has furnished for Mr. Metcalf, and I have been so fully satisfied with them, that I could not refrain from giving this notice for the information of my professional brethren who are inquiring for such instruments, but are liable to be deceived and disappointed in the purchase of those miserable imitations which I have mentioned.

31 *Winter street, Boston.* J. F. Flagg.

P. S.—Mr. C. exhibited, at the late Mechanics' Fair, in this city, a full set of ten pairs of these forceps, which in form and finish were decidedly superior to any articles of the kind that I have ever seen, either of domestic or foreign production.

HABITS NECESSARY TO THE PHYSICIAN.

There are certain habits pertaining to the character of the exemplary physician, deserving our special notice. These are a habit of industry—the habit of patience—and that of economy of time.

Industry is the primal fountain of all prosperity. The savage is indolent, and he is poor. Civilized man owes his comforts and luxuries, his might and glory, to the ceaseless toil of his intellect and hands. Educing from the hidden resources of nature vast elements of power, the genius of man triumphs over the wants and weakness of his condition, and renders the very powers which threatened his existence contributory to his well being.

In no department of human industry has art displayed a more elaborate array of the means of defence against evil, and of fertile expedients for the accomplishment of good, than in the complex plan of preventing, alleviating, and removing disease.

Destitute of industry—of a well-sustained, systematic exertion of our mental powers, nothing permanently useful can be attained in our profession. Accident, or rash experiment, may hit on some valuable discovery, but of what avail is such a disclosure on the part of nature, if the patient labor of man does not make those applications of the discovery which render it available? The truth or fact discovered by accident or rash experiment, must be lifted up out of the isolation in which it stands, and be made to blend with other truths or facts, and thus become instinct of new related tendencies. Patient toil of mind alone can discern these tendencies, and by giving a wider range of direction to the originaldiscovery indefinitely expand the sphere of its agency.

From the hour when the student takes a medical work in hand, through all the stages of his professional studies and researches, up to his brightest achievements of remedial skill, and along the whole progress of his career, an unremitting, irrepressible exertion of his powers is required.

Patience, as an habitual state of mind, must, with presiding authority, ever accompany the physician. When a student, there is a constant need of patience; when young, in the active duties of the profession, patience is required—and in the busy employments of a large practice, patience must be exercised. Patience of preparation, the student should possess; patience of probation, the young physician must have; and patience of temper, amidst the privations of repose and social enjoyments, and in the exhaustion of his mental and bodily strength, must be the ever-present support of the older practitioner.

Economy of time is another habit of great significancy. Time with noiseless step treads on, and we are borne forward by his resistless march. Life is a state of constant expenditure, and unless vigilant and prompt to seize the moments as they pass, ere long nothing will remain but the painful recollection of wasted days, hopes frustrated, and prospects of usefulness blasted. The regulated distribution of the hours of the day to specific duties has been the foundation of many an eminent man's success. And the annals of medicine do not contain the history of a single individual who has risen to distinction in our profession, who had not dedicated his utmost efforts, and economized his every hour, to the high ends of his professional life.

The aims which should urge on the physician to this incessant labor are, a determination to stand fair in his profession; a desire to become eminent; an urgent wish to advance the science of medicine; and a lively hope of seeing the profession advance in respectability and usefulness.

The young man who commences the study of medicine without a fixed resolute purpose, by diligent study, to become a respectable practitioner, is not worthy of the name of a patriot, christian, or philanthropist. What, to push with intruding haste into the solemn responsible office of acting as guardian of the health of the community, and know nothing of the science of life or of the best means of rectifying its disordered condition. To rush in where an angel might fear to tread, and with blind presumptuous eagerness lay hold on the dearest interests of man. Like Uzzah, with audacious irreverence, place an unhallowed hand upon the ark of God, but unlike Uzzah escape the vengeance of heaven! On this point we must speak out. Duty urges; the state of the profession calls for it; the abounding quackery of the land demands it at our hands. How can a man assume to himself the name of a lover of his country, when through a degraded selfishness he seeks to advance his private interests at the expense of the health and lives of his countrymen? How can he who commences the practice of medicine without proper qualifications, ever appropriate to himself the name of Him "who went about doing good," when the ignorant pretender in physic spends his days in going about doing evil? And, in the name of Infinite Rectitude, how can that man be entitled to the name of philanthropist, who plies the dangerous instruments of life and death in the dark and promiscuously deals destruction on every side?—*Harrison on the Formation of Medical Character.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1844.

Progress of Surgery in New Hampshire.—From an early period in the history of New England, New Hampshire has been blessed with surgeons of rare qualifications. Although it is proverbial that the Granite State *is a good one to go from*, there is some adhesiveness in the medical profession there, that does not appertain to the other liberal professions. Some of her great lawyers, who now have a reputation as extensive as the boundaries of civilization, were not appreciated at home, and therefore sought among strangers the patronage due their high qualifications. Clergymen, whose talents and acquirements do honor to their native hills, are exerting a moral influence in other parts of the land of incalculable service. Men of great energy of character and an untiring enterprise in mercantile pursuits, hailing from New Hampshire, are on the high road to fortune in almost every city of the Union. But the surgeons, born and bred there, with few exceptions, remain to bless the people with their skill. Dr. Nathan Smith, the founder of the medical institution at Dartmouth College, was a man of extraordinary attainments. Dr. Twitchell, of Keene, one of the most eminent operators at the North, is still in active business. Dr. Mussey, who also gave character to the surgery of New Hampshire, emigrated within a few years to the West, but his mantle seems to have fallen upon Dr. Crosby, of Hanover, who is surely rising to the same proud distinction.

We were led to these reflections by reading a graphic account of a recent operation by Dr. Crosby, extremely difficult, yet successfully accomplished. The present autumn, says the Granite Freeman, published at Concord, more than thirty operations have been performed at Hanover, but no one of them, probably, in point of interest or importance, exceeded one of recent date, of the following description. A lady of Orford, 40 years of age, had from infancy an increasing disease of the face, in the form of an over-growth of the skin, which in loose, clumsy folds, ultimately reached almost to the breast. It involved the ear and eye, which were dragged out of place, to say nothing of an awful facial distortion, hardly rivalled in the annals of human deformity. Formidable as it was, suffice it to say, the patient, after passing through the hands of Dr. Crosby, is now hopefully recovering. We are encouraged to hope more particular reports of this and other cases from Dr. C. himself.

Materials are not wanting, to exemplify, much more extensively, the fact that New Hampshire has always been remarkably favored by learned and skilful surgeons.

Organ of Calculation.—Vermont has furnished two or three boys, within the last twenty five-years, whose sagacity for arithmetical pursuits was of an extraordinary character. The autobiography of the far-famed Zera Colburn is familiar to the public. After having positively astonished the mathematicians, both here and in Europe, with the rapidity, accuracy and mystery with which he conducted the most elaborate arithmetical calculations, all at once, equally to the surprise of himself as well as every body else, he actually lost the faculty of doing wonders in figures. No effort on his part was successful in recovering a power that made his name ring over the world as an eighth wonder.

Another calculating boy, by the name of Safford, now only eight years of age, says the Vermont Journal, has been discovered in Vermont, who will give the product of four figures by four, performing the operation mentally nearly as quick as one can do it with pen and paper. He has also multiplied five places of figures by five, which was the extent of Zera Colburn's power in his best days. He will extract the square and cube roots of numbers extending to nine or ten places, performing the operation quite rapidly in his head. The division of numbers into their factors is a favorite amusement with him. Give him the age of a person, and he will give the number of seconds correctly.

How can the doctrines of the phrenologist be called in question, with such sustaining proofs of their truth, as are presented in this and many other analogous cases ?

American Medical Biography.—At a day too late for an extended notice, a copy of Dr. Williams's new work on American Medical Biography, was received. It is a handsome volume, of generous dimensions, embracing 664 octavo pages. We hope the profession everywhere will avail themselves of this acceptable publication, which embodies the names and attainments of the distinguished professional men of this country. It treats of a subject in which we are all alike interested. Were the personal friends and relatives of the eminent citizens whose lives are portrayed in these fair pages, apprised of the gratification to be derived from Dr. Williams's book, another edition would speedily appear, to meet their demand alone.

Kane's Elements of Chemistry.—Upon the presumption that all the scientific people of the United States have knowledge of the peculiar fitness of Prof. Draper, of the University of New York, to conduct chemical inquiries or analyses, it is only necessary to announce that an edition of Kane's Elements of Chemistry has been issued by the Harpers, with additions, corrections, &c., by that gentleman, expressly designed for our universities, colleges, academies and medical schools. Copies may be found at Messrs. Saxton & Peirce's, Washington street. This, like some other valuable books referred to in to-day's Journal, was not received seasonably enough to have justice done it the present week.

New York Dissector.—Such is the name of a quarterly Journal, devoted "*to Medicine, Surgery, Magnetism, Mesmerism, and the Collateral Sciences, with the Mysteries and Fallacies of the Faculty*," and under the editorial control of Henry H. Sherwood, M.D. One volume has been finished. No. 4, of the present series, is the only one that has fallen under our cognizance. To say that this publication discovers no talent, would be wronging the gentleman who conducts it. But he certainly misapplies his powers, lamentably, in trying to write up those defunct things which one adventurer after another has exerted himself to attach to the science of medicine, but which are yet as far removed from it as ever.

There is such a process recognized in common life, as making dark, darker. In the article on Proleptical Science, in which the writer evinces ingenuity and a disposition to make certain vital phenomena clearly comprehensible, he has unfortunately driven the reader into the very abysses of mental obscurity. What have algebraical expressions to do with inductive medicine? Look at this and stand aghast, ye simplifyimg reformers of medical fallacies—"$6b + 26 =$ *the menstrual period, and its analogogue in hæmorrhoidal and neurotic patients*"!

But we will not find fault unnecessarily, or object to any literary or scientific effort made with an intention ultimately to better the physical condition of poor, over-taxed, over-dosed, over-benefited humanity, by an increasing army of physiological tinkers. Some good may be derived from every such effort, where the heart and intentions are right. The world is large enough for us all—and the fact demands a devout expression of thankfulness from those who have made the discovery.

Fees for Homœopathic Practice.—In the Circuit Court of New York Dr. F. Vanderbergh brought an action against T. E. Beckman, to recover $427 for two professional visits from New York to Hudson, and nine visits from Rhinebeck to Hudson, to attend Miss Elizabeth Beckman, ill with consumption, who died in Dec. 1842. "Dr. V.'s treatment was of the homœopathic description, and it is contended, in defence to the charge, that such is a species of quackery, and unskilful; also that the charge is too high. In relation to the homœopathic treatment, several eminent physicians, viz., Drs. Buel, Frasy, Manly, Stevens, Greenough, Cheesman and Beck, declared their belief that the system is a species of quackery. One of the gentlemen said it was an attempt to cure one disease by creating another of the same kind. Dr. Manly said his opinion of it could be stated in a few words. It is delusion on the part of the public and knavery on the part of the practitioner. These gentlemen stated that they had not examined the theory, as they thought it too absurd to give it attention. On the other hand, Drs. Cook, McVickar, Curtis and Peck stated that they had fully examined the theory, and were decidedly in its favor. Its principle is to treat 'like with like.' That is, to administer heat for a fever, &c., while the allopathic, or old system, was the reverse. It was shown that the young lady whom Dr. V. was called upon to attend was seized with a vomiting of blood. Dr. Cook was her physician, and the services of Dr. V. were requested by her father, knowing that his mode of treatment was on the principle of homœopathy. She was taken afterwards with a second attack of vomiting blood, and Dr. V. again sent for, though he stated to her father from the first, it is said, that he could do her no good. It was remarked by the physicians who gave testimony, that consumption, when once seated, can never be cured, although life may be prolonged by care and medicine. It was shown that Dr. V.'s practice, under the old system, was large."

The court charged that Dr. V. having shown himself a regularly licensed physician, he is entitled to pay for his services, unless it can be shown by defendant that he exhibited ignorance or want of skill. On that point, and also as to the compensation asked for, the Jury must decide from the evidence. Verdict for plaintiff, $325.

Lunatic Asylum of Kentucky.—From a published description of this institution, in the 19th Prison Discipline Report, it certainly seems to require immediate remodelling. In the first place, there is no resident medical superintendent at all. An attending medical man, residing about a mile off, makes an occasional visit. The superintendent is a worthy shoemaker, who makes no pretensions to knowledge in medicine, nor skill in ministering to minds diseased, and probably never thought of laying claim to any peculiar fitness for his office.

The mortality among the patients, according to the report from whence these facts are taken, has been appalling. Out of 841 insane subjects admitted to the Asylum in 17 years, 337 have died—being over 40 per cent. There have sometimes been twenty elopements in a single year.

Surely, the whole matter is disgraceful to Kentucky, and requires a speedy re-organization. Not less than $161,817 19 have been given from the State Treasury in twelve years—and yet it is the poorest and most miserably-managed receptacle for lunatics, if the report of the Society is correct, in the whole Union.

Lexington, the site of the University of Transylvania, which is supplied with well-educated medical practitioners, might surely furnish a medical superintendent. If the compensation is a starving salary, so that nothing but the physical necessities of an individual would induce him to accept the appointment, some philanthropist ought to address the next Legislature and show the true condition of the Asylum. It should be known that the present system of management is disgraceful, and that it is exciting the amazement of the humane in neighboring States. We beseech the representatives at Frankfort to allow the shoemaker to return to his last, and at once select a well-educated physician to reside on the spot. He must be sustained above the fear of want, that he may not be diverted from the all-important business of ministering to the daily comfort of those committed to his charge.

Decomposition of Tinct. Opii by Ammonia.—It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will, after some time, say twenty-four hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette.*

Medical Miscellany.—There was some alarm in regard to the appearance of smallpox, lately, both at Hanover, N. H., and near New Preston, Conn.—The Visiting Physician of the Michigan Penitentiary, located at Jackson, receives of the State seventy-five cents for each visit, and one dollar when he prescribes for two patients.—Yellow fever was raging fearfully, at the last accounts, at Metamoras, Texas. The American Consul and many others had died with it.—From fifteen to twenty cases of smallpox recently occurred among the paupers in the Almshouse in Saratoga Co., N. Y. Two of them only proved fatal.—J. J. Paulding, M.D., will sail from Boston soon, destined for the foreign missionary service in Asia.—There are sixty students at the Botanico-medical Institution, at Cincinnati. Dr. Hill, of the chair of Anatomy, is represented to be an admirable instructer.—A pamphlet has appeared in that city, upon *human magnetism*, by Henry F. Smith.—There is a class of ninety students now attending lectures at Dartmouth College. The school is well sustained.—At Willoughby University, there are now attending the medical lectures, 120 students. The institution is very prosperous, and the faculty, to a man, are exerting themselves to educate their classes in the best manner.—There are nearly nine hundred students attending lectures at the two medical schools in Philadelphia.

Number of deaths in Boston for the week ending Dec. 7, 38—Males, 15; Females, 23. Stillborn, 3. Of consumption, 6—inflammation of the lungs, 1—scarlet fever, 4—cancer, 1—infantile, 4—disease of the bladder, 1—croup, 2—debility, 1—lung fever, 4—typhus fever, 3—erysipelas, 2—hooping cough, 1—scrofula, 1—marasmus, 2—inflammation of the bowels, 1—old age, 3—dropsy on the brain, 1. Under 5 years, 16—between 5 and 20 years, 5—between 20 and 60 years, 11—over 60 years, 6.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Nov.	Therm.		Barometer.		Wind.	Nov.	Therm.		Barometer.		Wind.
1	from 32	to 56	from 29.55	to 29.60	N W	16	from 33	to 58	from 29.63	to 29.73	W
2	36	57	29.53	29.61	N W	17	29	56	29.60	29.76	S E
3	32	57	29.49	29.64	S E	18	36	48	29.22	29.24	W
4	45	45	29.38	29.41	N E	19	22	40	29.65	29.69	N W
5	38	46	28.93	29.09	N W	20	30	39	29.56	29.64	S W
6	36	38	28.89	28.92	W	21	30	54	29.64	29.64	E
7	32	55	29.07	29.12	S W	22	38	43	29.51	29.60	N E
8	45	57	29.01	29.14	W	23	42	50	29.06	29.07	N W
9	33	58	29.32	29.38	N W	24	31	34	29.05	29.06	N W
10	29	50	29.54	29.60	S W	25	20	24	29.05	29.28	N W
11	45	53	29.34	29.38	N E	26	12	25	29.48	29.62	S W
12	42	47	29.36	29.46	N E	27	27	32	29.30	29.52	N W
13	42	52	29.10	29.23	S W	28	14	18	29.55	29.65	N E
14	31	41	29.39	29.48	N W	29	21	32	29.41	29.50	N E
15	31	48	29.64	29.65	W	30	10	41	29.59	29.63	S E

The month has been favorable, the first half mild and pleasant, the last cold. The first snow fell on the 26th, which was very light. On the 28th about 5 inches of light snow fell, making .48 of an inch of rain. The Thermometer ranged from 10 to 58. The Barometer from 28.89 to 29.76. The amount of rain for the month, 3.06 inches. Sleighs have run considerable on the snow of the 28th.

Ovarian Disease.—Dr. Jeaffreson thus sums up the results of the operation for the extirpation of ovarian tumors, in 74 cases: in 37 cases the tumor was removed, and the patients recovered; in 24 the operation was followed by the death of the patient; of these 24 fatal cases, the tumor was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumor in 4 cases. Thus, again, in 74 cases, in which the operation for extirpation of ovarian tumor had been undertaken, it has been completed in 51 instances, in 14 of which it has been followed by death, and in 37 by the successful removal of the tumors, and by recovery of the patients; whilst, out of the 74 cases selected, it was found impossible to carry out the intentions of the operator in 23; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain in *statu quo;* 10 died. The cause of failure was, impossibility of removing the tumor, on account of adhesions, in 14 cases; no tumor was found in 3 cases; and the tumor proved to be other than ovarian in 6 instances. —*London Medical Times.*

Extirpation of the Uterus for complete Inversion.—M. Velpeau has recently extirpated the uterus in a case of inversion, the result of labor, which had existed four years, and threatened the life of the woman through the continued hæmorrhage which it occasioned. After bringing down the uterus by means of double hooks (erignes), ligatures were passed through the base of the tumor which it formed, and it was then excised. From the account given of the operation, it is rather difficult to understand how the ligatures were applied. In another case in which M. Velpeau operated, three months ago, it appears that the base of the tumor was traversed with two ligatures, and they were then tied circularly. Owing, however, to the gradual retraction and ascension of the divided surfaces, the ligatures slipped off. In this case, therefore, it is stated, that the ligatures were placed from one side to the other, and united in front, so as to approximate the divided surfaces, as in the operation for hare-lip. The patient died of peritonitis a few days after the operation.

M. Velpeau has operated by excision on a woman, who recovered. He has lost another patient by hæmorrhage, and has met with three cases of complete inversion; he has, therefore, seen six cases in all.—*Gazette des Hopitaux.*

Poisoning by Arsenic.—M. Grimaud, a chemist at Poictiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall be sold only when mixed with a certain quantity of sulphate of iron and cyanure of potash. About one per cent. of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shows itself either by color or smell, when used in the various aliments fit for man. Thus, arsenic prepared in this way, and thrown into warm meat soup, gives immediately a green bronze color; into hot milk, an opal; into red wine, a violet; into bread, a deep blue; and so on for twenty mixtures, on which M. Grimaud has made experiments.—*Galignani's Messenger.*

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BLACK TONGUE—ERYSIPELAS.

[The following letter from Dr. John F. Henry, of Bloomington, Ill., to Dr. W. H. Tegarden, relates to a disease which has appeared in different parts of our country, and which, as exhibited in Vermont, was fully treated of in the last volume of this Journal by Dr. Jonathan A. Allen, of Middlebury. We find the letter in the Western Journal.]

Dear Sir,—Your letter of the 16th ult., requesting my views on the nature and treatment of the disease called the "*Black Tongue*," has remained unanswered, in consequence of my pressing engagements, growing out of the protracted prevalence of our epidemic. Having, on this day, only four cases on hand, three of which are convalescent, I propose entering into the subject with as much brevity as is consistent with a full understanding of its character and mode of treatment. And as *names* are of much importance in the practice of medicine, influencing, as you are well aware, nine tenths of the profession, I am compelled to tell you that our disease is not the "*black tongue*" at all! This may somewhat abate your anxiety to know about it; but when you learn its history you will say with me that it is one of the strangest epidemics that has ever visited any portion of our country. It commenced its ravages in Pekin, on the south-east side of the Illinois river, early in the last autumn, where its mortality is said to have been very great; but it did not present itself in this vicinity until January, and then in sporadic cases of widely different character. As the season advanced the cases became numerous, and, what is exceedingly singular, it seemed to fix on particular neighborhoods, where it lingered until all who were susceptible of its influence suffered attacks of greater or less malignity. As it declined in its first locality, other portions of the country fell under its sway. Its progress has been remarkably slow, and the space over which it has spread is very limited. It is understood that none of the towns on the north-west side of the Illinois have suffered at all, and that the extent of its ravages on the south-east side, has not exceeded a radius of fifty miles. Many believed it contagious; but this opinion has become, even here, an "obsolete idea." The persons most liable to its attacks have been females either in the puerperal state, or advanced in years, and men of feeble or deranged health. Children and robust persons have escaped almost entirely.

The symptoms were very diverse. It almost invariably commenced with a chill succeeded by active febrile excitement, and accompanied with a variety of local affections, some of which were very troublesome, and all of which created in the minds of the people great apprehension and dread. The most common of these local affections, was an inflamed condition of the tonsils, and of the fauces generally, producing in some instances so great a swelling of the parts as to impede respiration, and almost to obstruct deglutition. This, in two instances which I have seen, extended to the tongue, enlarged it to two or three times its natural size, and this state of things has, I presume, given origin to the name by which you have heard it called. Erysipelas of the face, commencing on the nose, and extending from this, as a centre, until the whole face and ears, and anterior portions of the head and neck are involved, was also frequent. In those cases which fell under my observation, the erysipelas appeared on the hand and fore-arm. In several cases, after having appeared on the face, or in the throat, it fell on the arm-pit, producing very painful tumors of the axillary glands, which, after a protracted period, terminated in suppuration. I never saw it on the body, in the first instance, except in a very mild case. In two instances it caused a single blister on the fore-finger, about the size of a quarter of a dollar, so nearly resembling a burn, that my first impression was, that it had been caused by contact with the stove. In many cases, the local disease was a most painful affection of the collar bone, or the ankle bone, or of the fingers and toes, without any swelling of these parts. In one case as an original disease, and in two of relapse, in one of which the disease had first assumed the character of erysipelas of the face, and in the other of sore throat, a most painful and obstinate rheumatic affection displayed itself. In one most singular case the tonsils were greatly enlarged, and at the same time a very firm, but not painful tumor, of a very indolent character, extended from the ear to the clavicle, evidently composed of enlarged lymphatic glands. These were the primary local affections, but as secondary symptoms, we had inflammation of the membranes of the brain, lungs, and abdomen, the former producing stupor, the latter constituting pleurisy and peritoneal inflammation; and in several cases, suppuration of the tonsils, and of the glands of the arm-pit, and in one a deep-seated abscess beneath the fascia of the thigh.

A disease so eccentric cannot, perhaps, be designated by any name which would be unexceptionable. That it was epidemic admits of no dispute, as is in conformity to the laws which govern this class of diseases, it alone reigned during its prevalence. We know next to nothing of the causes which give a peculiar character to epidemics, but it is very certain that they are greatly under the influence of the common exciting and predisposing causes of disease. Thus women in a peculiar condition, and men of feeble health, were predisposed to our epidemic, and a period of damp, cold weather never failed to excite it in those susceptible of its influence; whereas a few days of sunny and cheerful weather put an immediate stop to its progress, and all who were sick became convalescent. I was in the habit of calling our disease *epidemic erysipelas*, and when the local affection was on the surface, or even in the throat or tongue, I conceived the name strictly appropriate. When some deep-seated part bore the burden of disease, the term was equally proper, though its fitness was not quite so apparent. The history of a single case will illustrate this view of the subject.

I was called to a patient with sore throat and high fever. Under prope treatment the disease was dislodged from this part, and then suddenly, after a few days' respite, attacked the pleura costalis, from which it retreated to the cardiac orifice of the stomach or to the diaphragm. After hanging on this part, producing a most annoying hiccough for five days, it changed its location and appeared in genuine *erysipelas* on the face. After spreading for two or three days, during which there was an appearance of convalescence, it disappeared and seized on the membranes of the brain, producing, as I believe is always the case when erysipelas attacks those parts, great stupor, and under the combined influence of such frequent assaults the poor fellow sank. As in all the instances of epidemic erysipelas of which we have any record, women, in the puerperal state, were most exposed to its ravages; so it has been with us: the disease in such cases uniformly appearing in the form of *puerperal fever*. For some time scarcely any escaped, unless the medical treatment was commenced before the birth of the child, and continued until the milk secretion was fully formed.

The disease was inflammatory, and demanded, throughout its early stage, an active antiphlogistic treatment. In many cases the lancet could not be dispensed with, and I was often compelled to use it repeatedly. The blood was generally buffed. Local depletion was also of inestimable value. I was in the habit of scarifying the tonsils freely, and in the two cases of swollen tongue, I plunged my lancet into it boldly. The relief afforded by the abstraction of even a small quantity of blood in this way was very remarkable. The next remedy in point of time, if not of value, was an active emetic of tartar and ipecac., and this I have repeated several times in the progress of the disease. The next in value was the free exhibition of mercurial cathartics; these were given to change the secretions of the liver, which were always more or less deranged. Cook's pills, or a dose of calomel, or calomel combined with Dover's powder, or opium alone, succeeded by a dose of senna, after an interval of twelve hours, were the most common forms of exhibition. These were repeated and varied according to rules now well understood, until the secretions of the liver were changed. Simultaneously I directed stimulating liniments, sinapisms or blisters to the neighborhood of the local affection, or when it appeared on the surface, the blisters were applied to the part itself. I used the mercurial ointment and lunar caustic as a local application in a few cases, but with no satisfactory results. The lancet, the emetics, the mercurial cathartics, the occasional combination of calomel and opium, and the counter-irritants, were the great remedies, under a judicious use of which all cases would, I think, yield if commenced in time. The pulse ranged from 90 to 120, and in some puerperal cases to 160, and I believe in this, as in all other cases, the utility of bleeding was determined by the impression made on the pulse ;

when it did good it reduced its *frequency* as well as its *force*. I scarcely ever bled without making my patient sit up, an invaluable rule of practice, for which the profession is indebted to Dr. Marshall Hall, and then I bled to incipient syncope. The tolerance of the loss of blood was in some cases great, in others but little, and I was governed in my use of the lancet by this circumstance. I should, perhaps, say more about puerperal cases, but there was nothing peculiar in the symptoms or treatment; the disease was, in the two cases which I saw, formed before the birth; most generally, however, it came on within three days after it, and then with a sudden chill, followed with rapid pulse, tenderness of the abdomen, headache and indomitable thirst. The lancet should be used in the first paroxysm, if at all—and hence the necessity of apprising the friends of the danger, that they may send for their medical attendant instantly on the occurrence of the chill. Calomel alone, or combined with anodyne sudorifics, could not be dispensed with, and the remark made by Dr. Gooch was confirmed by my observation, that where ptyalism took place recovery was certain. But whether this was the cause or the indication merely of amendment, I confess my inability to decide. I ought perhaps to add, that the tendency in this epidemic to abortion was very strong, and in all the cases of which I have heard any particulars, the danger from hæmorrhage was alarming. The tongue was generally heavily coated with a moist, white or yellow fur, becoming in bad cases dark, dry and cracked. All of the symptoms pointed out the great derangements of the chilopoietic viscera, and any practice which overlooks the morbid condition of these organs must be exceedingly defective. In a few words, the circulation should be reduced, when it is too active, by the lancet; the stomach should be emptied by emetics, and the bowels freely and repeatedly discharged by mercurial cathartics; the local affection, whatever it is, should be attended to, by its appropriate remedies, already referred to, but it so invariably followed the condition of the system, that an improvement of this never failed to remove them.

I should not omit to state, that I saw a number of cases in which, during the progress of the disease, after the subsidence or removal of the more active stages, the circulation became so languid that I was compelled to resort to stimulants and tonics in free doses. But this took place most generally in cases which had been suffered to run their course pretty much without control. I would add further, that when the face was the seat of erysipelas, the danger was generally much less than when it seized on the throat, and in either situation the danger was comparatively less than when it fixed on a vital part. The danger in all cases was clearly indicated by the pulse; when this remained but slightly affected, the disease was generally mild. I may add that I saw no tendency in wounds or accidents to produce erysipelatous inflammation. While the disease was upon our borders, and during its prevalence, I saw a case of compound fracture of the leg, and one of gun-shot wound, besides having performed three operations of an important character, to say nothing of having used the lancet many times a day, and in none did I witness the slightest tendency to the disease. The only exception was an old lady who had been badly burned, and who had heretofore suffered with erysipelas.

In conclusion, I ought to state, that when the disease assumed the rheumatic form, I found no change of remedies required, except a greater reliance on blisters, and a more free use of sudorific anodynes, combined with mercurials.

DR. C. J. B. WILLIAMS ON BILIOUS CHOLERA.

We have now to consider the subject of *cholera*, which may be called a flux of the intestinal membrane. There are two kinds of cholera deserving of distinction, and which differ in their nature, their symptoms, and probably in their causes. One is of a bilious form, and the other is malignant or epidemic. The bilious cholera begins with pain in the abdomen, severe vomiting, and purging of a yellow or whitish liquid. The liquid, discharged upwards and downwards, appears to be of an irritating nature. There are severe cramps, not only in the abdomen, but likewise in the thighs and legs, and the effect of this, with the discharge, is to cause great prostration of strength. The distention of the abdomen is much complained of, and there is extreme thirst and often heat in the throat; the tongue is often dry and covered with a slight brown fur, and sometimes it is yellow and moist. The pulse is not much affected at first, but, as the disease goes on, it becomes very quick, small, irregular, and weak. In the more unfavorable cases, this weakness is excessive. There are, besides this, other proofs of the extreme feebleness of the circulation: the face becomes pale and blanched, the extremities are cold, and the breathing is hurried. Sometimes, after these symptoms, the flux will subside, and the patient may get better; but, at other times, there succeeds heat of the abdomen, the pulse increases in strength and becomes sharp, and, in fact, the various symptoms of inflammation of the intestines are developed. We find this with regard to a variety of other affections, also. In some instances, the disease proves fatal from exhaustion, even in the more common form. On examination after death, there has been found no organic change, and no trace of inflammation, nor any material change of the viscera. The intestines are remarkably bloodless, and the only changes to be met with, are ulcerated patches in Peyer's glands, and sometimes also in the isolated glands. This was remarkably the case where attacks of cholera prevailed at a school at Clapham; a cesspool had been opened, and the contents thrown in the garden, and a great number of the boys in the school were seized with this disease, in a very severe form, accompanied by great prostration of strength. Some of them died, and, on examination, there was found an enlargement and distinctive development of the glands, with these patches. The same thing occurs in malignant cholera. The causes of this disease are sudden changes of temperature, particularly in the summer and hot seasons; changes from heat to cold; hence, it comes on very commonly in the autumn; and, as I have mentioned in the case at Clapham, foul air may produce it. Fevers of a typhoid kind often have their origin in cholera. In this case, the affection of the intestinal glands performs a prominent part. The importance of these, as organs of secretion, is not taken sufficiently into account. We are only apt to consider the intestinal tube as subservient to the passage of the fæces; but there is no doubt at all, that the intestines are secreting organs; in fact, if these glands were gathered together in one mass, we should have an organ of large size, which would no doubt attract attention; as it is, they are scattered over a large surface, and have not attracted the attention deserved. Now, air that is deteriorated, specific poisons, such as that of fevers, the foul air of cesspools, and of other bad sources, affect these glands in an especial manner. This appears to be the natural cause of cholera. We find, too, that certain medicines, conveyed into the system, produce diarrhœa, no doubt by a sort of specific action on these glands. I have adverted to the fact that typhus fever affects especially these glands, and all these circumstances point out to us the specific purpose of these glands, which has not been sufficiently studied. I have mentioned that the action of poisons on the intestinal canal, particularly of arsenic, causes an undue development of these glands, just as in the case of cholera. These are very interesting matters, and I put them forward, without being able to draw any certain conclusions from them. The matter is one that will repay investigation.

The *treatment* of this disease is best conducted under the supposition of its being a flux; sometimes tending to relieve the system of the noxious matters which, if suffered to remain, would be injurious, but, at the same time, controlling the flux, which, when excessive, may exhaust the strength of the patient and prove fatal. Hence, in the mild form, it is necessary to use gelatinous diluents, and to keep the surface very warm. If the disease be excessive, and more particularly if it be accompanied by pain and spasms, it becomes an indication to diminish the excess of the flux, and quiet the pain: therefore we should give opium. Remember, however, there may be irritating matters in the intestines, and it is not desirable to deaden the sensibility so far as to arrest their function, until these irritating matters have been expelled; generally speaking, therefore, mercury should be cautiously given, to improve the intestinal secretions; then opium may be administered with ipecacuanha, to relieve the spasm. The painful feelings are very much allayed by heat applied to the abdomen and the extremities, particularly by dry heat: bags of hot sand, or any other powdered substance, applied to the abdomen or to the feet.—*Lond. Med. Times.*

MILITARY HOSPITAL IN HAVANA.

THE military hospital, which has lately been established in what was formerly the Royal Factory of tobacco, is one of the finest in the world, both in regard to size and the neatness of its arrangements. The immense building is quadrangular, enclosing several separate squares, and presenting without the appearance of a large fortress; so massive and high are its walls, and so well secured all its inlets. It was here that all the cigars of Cuba were made, and its tobacco packed for exportation, when the trade in that article was monopolized by a chartered company under the government. It grew out of several royal establishments that existed as early as in 1727, and may be said to have been founded in 1740. Its capital was one million dollars, and in less than fourteen years the property owned by the establishment amounted to fourteen millions; while so great was the number of men employed in manufacturing the tobacco, preparing the boxes, packing it, and superintending the whole, that the annual expense was $46,000. The whole of these, to prevent their smuggling, lived within the building.

Having been presented to the Superintendent, by the porter, as a foreign physician desirous to visit the hospital, I was placed under the guidance of an attendant, with directions to him to show me every part of the building. I will not carry my reader with me through all its numerous lofty wards, each appropriated to the reception of a separate class of diseases; nor by the prisons for the refractory, and the comfortable apartments for the insane; the bathing rooms, where a large number of warm and cold, and shower-baths, could be given at the same time; the apothecary's hall; the cleanly-kept kitchen, and the separate room with furnaces to prepare chocolate and coffee; the dispensary with its motley collection of candles, tin pans, cups, &c.; the clothes-room with shelves laden with piles of white linen and flannels. I will not lead him through them all, lest he be as fatigued by the description as I was in traversing them. Indeed, although my guide kept me at a quick step the whole time, my visit occupied more than an hour. I cannot, however, refrain from noticing the ward for affections of the eyes. It was about two hundred feet long, forty wide, and twenty high; and the light was admitted only through panes of green and blue glass, transmitting hues peculiarly grateful to the sight. The rooms for sick officers were better fitted up than those for the common soldier, but I saw only one lodger of a higher grade than a lieutenant, and his balcony commanded such a view of the harbor and country, that I really envied him the possession of his quarters.

The large central square was laid out in multiplied walks, with a cool fountain in the middle, and beds crowded with flowers of every variety; forming a beautiful garden, on which the extensive, cool corridors for the convalescents looked down. Attached, also, to the hospital, and within the same building, was the Anatomical School of the medical college, with a fine museum, containing specimens of anatomy in wax, *papier maché*, and a few of the dried preparations of the human body, with others in alcohol. Adjoining the museum was a small amphitheatre for the students, and below a marble table for the subject of demonstration, while the walls around were appropriately hung with anatomical plates, presenting a complete picture of the human system.

The whole building covered a large space of ground, and whoever will visit it, and witness the scrupulous cleanliness and order that pervades every part of it—its well-ventilated and comfortable wards, its spacious and cool corridors, and the attention that every where seems paid to the welfare of the sick inmates,—will feel his estimation of the Spanish character greatly enhanced. The physicians and officers of the different wards received me with the greatest courtesy, and my wishes were everywhere anticipated by their desire to show me everything. It contained in January, 1842, 480 patients, and received that year 5622. Of these, 5540 left it cured, and 204 died, leaving 358 in its wards in January, 1843.—*Notes on Cuba.*

SOME OBSERVATIONS REGARDING THE ECHINOCOCCUS AND ACEPHALOCYSTS.

By Thomas Hodgkin, M.D., London.

[Communicated to the National Institute, Washington, and forwarded by the Medical Department for insertion in the Boston Medical and Surgical Journal.]

The name of Echinococcus has been applied to some forms of hydatid, which appear to be merely acephalocysts, the membranes of which are studded with opaque, elevated spots, presenting great variety both as to size and shape.

Of the character of these spots I am unable to speak positively, but as they are found on hydatids which are accompanied by others not similarly furnished, I cannot regard them as distinctive of genus or species, but rather suspect that they are the result of morbid changes in the hydatid cyst taking place during its development.

The name echinococcus has also been applied to the microscopic animalcules which have been discovered moving about like infusoria in the contained fluid of the acephalocysts. Of these animalcules several species have been described. They have been investigated, described and figured by pathologists as well as elmimthologists, in this and in other countries, amongst whom I need only mention Blizard, Curling, and Geo. Gulliver.

What is the relation which the cyst bears to these animalcules? Is it a material which, having no independent life of its own, is called into existence merely as the habitat of the animalcule, and therefore in some respects resembling the curious substance which is developed in the vegetable kingdom around the larvæ of different species of cineps? The analogy, however, cannot be strictly correct, as the nidus of the cineps is in organic connection with the plant, as much as its own leaves and fruit, whilst the membrane of the acephalocyst enclosing the echinococcus has no connection with the structure in which it is lodged. The absence of visible organization in the acephalocyst membrane, and the close relation which seems to be proved to exist between it and the echinococcus (seeing that the latter is not known to exist without it), seem to afford some plausibility to this view, and to lead us to regard the acephalocyst as merely a peculiar aggregation of animal matter taking place around the young echinococcus in the course of its development; yet it seems to be a most disproportionate nidus, bearing no determinate relation in its magnitude to the number of echinococcus contained within it. Perhaps in most acephalocysts no echinococcus has been seen, but this is, in many instances, probably to be ascribed to their not having been specially sought for, and to their being too minute to arrest the attention of the casual observer. I have, however, sought in vain for the echinococcus in the fluid contained in the small but very perfect acephalocysts, and I have not detected anything like an echinococcus in the small spheroidal bodies developed in the parietes of the acephalocyst, and which on the hypothesis of their being the commencing nidus of an animalcule, should contain this as an ovum, or in some state of transition from it.

On the other hand, if we acknowledge the acephalocyst as itself a living individual, we seem brought to the necessity of regarding the echinococcus as a parasite to a parasite, in which case it would be remarkable that it should possess a higher organization than the animal which it inhabits. Some of the points regarding acephalocysts which I have related in my Lectures, and the distinct granular and imbricated elevations which I have since noticed on the surface of an acephalocyst, seem strongly to favor the idea of its individual animal character. The question is, after all, one which claims further unbiassed inquiry.

I have trusted that in my published Lectures I had been sufficiently guarded in my descriptions to prevent the adventitious serous membranes from being confounded with any other production of the human body, and more especially with acephalocyst hydatids, from which they are widely distinct, seeing that this hydatid, whether it be regarded as the lowest of animals, or a mere nucleated cell which has acquired inordinate dimensions, is a perfectly distinct and detached structure. The adventitious serous cyst, on the other hand, constitutes a truly superadded part of the original organization, to which it is not merely united by continuity of substance, but also by bloodvessels which are often numerous and large.

I was induced to lay the stronger stress on this very important and essential difference, in consequence of the theory of Dr. Barron, which calls in the aid of true hydatids as exhibited by the cases which he has cited in illustration. Notwithstanding this precaution, which I was induced to take from regarding the two affections as distinct as tapeworm and measles, I have observed that there is frequently a disposition to connect my views with those of Dr. Barron, and to regard them as merely a modification of his. The learned Professor Grose appears to have somewhat similarly misunderstood me, and whilst he describes the compound serous cysts as developing subordinate cysts in their parietes, he denies their connection with the solid adventitious structures with which I have associated them as a class, and observes that in their influence on neighboring structures they resemble tumors formed by the development of true hydatids. This statement is neither borne out by the mode of development, nor by the numerous cases which I have examined, of some of which I have published the details.

The true hydatid produces a more decidedly spheroidal tumor. Whilst absolutely detached from the structure in which it is lodged, it receives a more or less dense covering or cyst, which appears to consist of a modification of cellular membrane, perfectly similar in its structure and character to that which surrounds a bullet or other foreign body, permanently lodged in the living textures. If any subsequent change is introduced, it is either the progressive thickening and induration of the cyst which may become loaded with bony matter, or it is more or less intense inflammation excited by the death of the enclosed hydatid, which thus gives rise to the production of a peculiar form of abscess. Or, if the hydatid die without exciting inflammation, its watery contents are absorbed, and the enclosing cyst contracts around the hydatid, which is folded up into a small compass, the enclosing sac becoming still further condensed, and the organ in which it is situated exhibiting a depression which is sometimes puckered, in the place of a smooth and spheroidal tumor. In nearly all the stages of the compound adventitious serous cyst, the phenomena are widely different. In the first instance there is no change in the surrounding structures beyond mere displacement, and when subsequently from great increase of dimension the surrounding cellular membrane is considerably increased, it does not present that peculiar condensed structure which belongs to cysts enclosing a foreign body. When inflammation happens to be set up in the adventitious growth, it is, for the most part, partial, being confined to one or more of the subordinate cysts, and when this inflammation spreads to neighboring parts, this is likewise partial, and very different in its effects from that produced by the true hydatid.

There are other differences which it is needless here to particularize, yet there is one which is both distinctive and important. In the loose cellular membrane around a tumor consisting of serous cysts, we may sometimes find very minute cysts possessing the same character, which is more frequently and remarkably the case when the tumor is of a malignant character—a fact which it is of great importance to bear in mind when extirpating a tumor of this description. Hence the necessity for extirpating the whole breast, although the recognizable scirrhous growth may not be larger than a nut. I have noticed that a breast containing such a tumor, though to the touch perfectly healthy, except being a little larger than its fellow, has, when removed from the body, been seen to contain a multitude of these small particles consisting of minute cysts. Nothing of the kind is seen around the condensed cellular cyst of an acephalocyst hydatid. On the other hand, the compound serous cysts afford nothing analogous to the acephalocyst, when folded up as a mass of dead matter in its contracted envelope.

It is by no means clear what is the actual character of the acephalocyst. Its apparently simple structure, devoid of all organization, yet possessing, to an extraordinary extent, the power of producing its kind, gives great plausibility to the conjecture advanced by Professor Owen, that the acephalocyst is a nucleated cell which has surpassed the normal bounds of its dimensions, and that it is, consequently, not to be regarded as a species of parasitical animal. I shall not attempt to put my judgment in competition with that of the talented professor, but, whilst agreeing with him as to the doubtful character of the acephalocyst, merely record a few facts which seem to strengthen its claim to the rank of an independent animal.

In the first place, if we take a portion of an acephalocyst and compare it with a portion of a cinurus to which none of its manifestly organic parts are attached, I believe that the eye would not discover any perceptible difference. Again, if we take a cyst containing acephalocysts which have been corrugated and closely folded together, and compare it with another cyst in which the cysticercus has undergone the same change, we shall find that they so exactly resemble each other, that until you have unfolded the debris and discovered the head and neck of the cysticercus, it may be difficult to decide between them.

Whether we regard the acephalocyst as an entozoon, or a mere cell, we may perhaps be allowed to regard it (when existing as a transparent or translucent spherical body, filled with clear fluid, apparently growing itself and giving origin to similar individuals), as possessed of a mode of vitality, although we may not be able strictly to define in what this vitality consists. We may conveniently speak of it as living in this state, to distinguish it from another state in which it is flaccid, more or less altered in color and transparency, and a source of irritation to the texture in which it is lodged. In this latter or dead state, it still seems long to retain its peculiarities, whether in or out of the body ; and its decay is not like that of any tissue in its perfect or imperfect state, or of any particled secretion immediately derived from the body, which one would expect would be the case, were it composed of the hyalin of nucleated cells belonging to man or other animal.

I have not *often* examined the texture of a recent acephalocyst with the microscope, but I have *sometimes* done so, and merely seen a manifestly lamilar structure, associated with distinct spherical bodies supposed to be an early stage of young acephalocysts. On one occasion, however, on examining a very recent and favorable specimen, I very clearly perceived that there was a well-defined granular surface, which, seen in one direction, exhibited a somewhat imbricated character, which seemed to give the acephalocyst membrane a still nearer resemblance to that of the cysticercus than I had known it to possess. I have repeatedly seen acephalocysts with a marked hour-glass contraction, seldom, however, taking place near the centre, but tending to produce chambers of very unequal capacity. It seemed, however, to bear a striking analogy to the spontaneous fisiparous generation of some infusoria.

London, 8th mo. 17, 1843.

DIAGNOSIS OF ANEURISM AND TUMORS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In No. 10 of your Journal, October 9th, 1844, Vol. XXXI., the following question occurs, viz.—Are we always sure of our diagnosis in aneurism ? In the summer of 1832, I was called in counsel, with several of the neighboring physicians of this place, in a case of lumbar abscess, which made its appearance in the groin, over the crural artery. It was obscure and its nature doubtful; or at least it was considered so by most of the council. They were much divided in their opinion as to the nature of the case. Some considered it to be a case of hernia, others an aneurism of the crural artery, and others an abscess. What rendered the case more interesting, was, the patient had very lately been before a council in Lowell, Mass., which did not see fit to decide as to the nature of the disease. It was observed by some one of the council (I cannot now say whom), could there not be some instrument to ascertain the contents of this tumor? I was sensibly struck with the importance of the observation, as I occasionally had cases which to me were uncertain and perplexing; but I was not so fortunate as to hit upon any method by which I could determine their nature, till in the summer of 1835, being called to open an abscess of the right lung, I made use of the stilet and canula for the first time; and soon after I was called to operate for aneurism (as was supposed) of the carotid artery; but as I had doubts respecting the nature of the case, I first introduced the stilet and canula, and the pus adhering to the stilet showed the disease to be an abscess. So I think the question has long since been determined, viz., that with the stilet and canula the diagnosis is sure.* But the case to which this refers was finally found to be a tumor of the neck.

Can the diagnosis in tumors be made equally certain by the same instrument? I think it may; when the stilet enters the cavity of an abscess, it may be known that it contains a fluid, as it may be seen on the point of the stilet; and there will be a want of resistance as soon as the stilet enters the cavity of the abscess or aneurism, which will not be the case with the solid tumor; as the resistance will be equal or nearly so throughout its whole substance; and there will be no discharge of blood from the small vessels on the surface of the tumor, as in the case referred to, as no blood can pass the sides of the canula.

Since composing the above, I have seen an account in the Boston Medical and Surgical Journal, Vol. XXXI., No. 14, page 288, of an instrument for exploring the chest, in cases of hydrothorax and many other forms of obscure disease. The instrument was contrived by Dr. Babington, of Guy's hospital, London. That the stilet and canula are calculated greatly to improve the practice of surgery, I have had strong expectation. By it, I should think may be explored most collections of matters, and even tumors of the thorax, abdomen, brain, &c., and to a certain extent their nature ascertained. The present form of the instrument may be materially improved, so as not only to ascertain these collections, but to evacuate them when they are found to exist. Such as encysted dropsies, internal abscesses, depositions of blood and serum, urine and blood from the bladder in suppression of urine, &c. The instrument, after it has entered the cavity of an abscess, may be enlarged to treble or quadruple of its present diameter, by having its sides overlap, and by introducing the point of a syringe or a probe. And the matter may be discharged from the abscess, or other collections of blood, serum, urine, &c., by introducing the point of a syringe into the canula after it has been enlarged, or the canula may be fitted to a small air pump, such as we sometimes use in cupping. Job Wilson.

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* See my account of the stilet and canula in the Boston Medical and Surgical Journal of Feb. 27, 1839, vol. xx., No. 3, p. 43.

Franklin, N. H., Dec. 2d, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1844.

Rhode Island State Prison Annual Report.—It so happens that the Warden of this prison is a medical man—Dr. Thomas Cleveland—whose report to the Legislature is such a paper as might be expected from an educated physician. He speaks of solitary imprisonment, which appears to have had a fair trial under his management, and which he decidedly condemns. A large part of his report relates to this subject, and we cannot refrain from copying a portion of it.

"Of the *forty* prisoners," he says, "committed while the strictly solitary system was in operation, ten, or one-fourth of the whole number (two of whom were blacks), manifested decided symptoms of derangement; seven so much so, as to unfit them for labor for a longer or shorter period; and five were discharged insane, two of whom recovered, and three now remain unrestored to a sound state of mind.

"Of the *nineteen* committed since the system was abandoned, three only, two whites and a black, have shown symptoms of derangement. One of them was recommitted in about twelve months after his discharge, and who relapsed into his former condition about the fourth month of confinement. One other, a black, was so much deranged as to disqualify him for labor, his health at the same time being much impaired, though good when committed. He died of dropsy of the chest in the tenth month of his imprisonment, and in the sixth week of his being so far deranged as to unfit him for labor. The third is in tolerable good health, and is not disqualified for work, though laboring under constant anxiety, depicted in his countenance, from the hallucination that he is visited by tempters, whispering in his ear the suggestion to commit some criminal act. He showed symptoms of derangement about the sixth month of confinement.

"I would here remark, from all the observations that I have been able to make, that but few men, and those strongly constituted, can be subjected to the discipline of solitary imprisonment, as it was here established, without becoming, sooner or later, through its depressing effects, more or less debilitated in some of their physical and mental operations; and I have not the least doubt, that under this, as well as under other systems of imprisonment, hundreds of convicts have been most inhumanly punished, for the innocent exhibition of some eccentricities of conduct during the trying period of their imprisonment, when, upon every principle of humanity, they should have been treated with more than ordinary kindness and compassion. Effects somewhat similar to the above are often, in a greater or less degree, produced by the stagnation of the active powers, after retirement from a long and energetic business life. The individual having secured a competency for the body, without having laid up any internal resources, finds himself sinking under this new state of mental inertia. Upon the withdrawal of the accustomed stimulus of business, nothing is left to keep up the healthy action of the brain, and melancholy, and, oftentimes, suicide is the result, and from a cause similar to that which operates in the production of delirium tremens.

"Similar effects are not produced upon the mind upon retiring from literary labors and pursuits, and the reason is evident. The literary man carries with him in his retirement a store of food for thought and reflection; and although his activity may be diminished, there yet remains sufficient stimulus to support the brain under its somewhat altered circumstances, until it becomes adapted to them. The minds of literary men, however, sometimes become deranged under circumstances analogous to that form of delirium tremems arising directly from the excessive stimulus of ardent spirits. In both cases the excitability of the brain, from excessive action, becomes exhausted; and in both cases, the worst form of paralysis of that organ is the consequence. In some diseases, also, especially in the malignant form of typhus fever, where there is a sudden loss of the vital powers, a species of delirium ensues, very much resembling delirium tremens, and from which the patient is restored only by the use of the most powerful stimulants.

"Upon a review of facts like those I have now detailed, it is impossible for me to hesitate in condemning the penal system of solitary confinement. Were it preferable in an economical point of view (and the case is widely the reverse), we could not hesitate in deciding the question between economy and humanity."

"While it will be seen from the statistics of this prison, before presented, that the proportion of deranged has fallen from twenty-five per cent. under the solitary system, to *ten* per cent. of new cases, under the present, of solitude by night, with labor in company by day, there is room for improvement, until this opprobrium shall, if possible, be removed by reducing this deplorable evil to its smallest possible compass. This of course will be an object of solicitude with all concerned in the management of the prison."

Richmond Brownell, M.D., the Physician of the prison, states that the general state of health in the institution has been good the past year—only two deaths having occurred. One died of consumption, and one of dropsy of the chest. Several are suffering from disease, although one, No. 56, understood to be Mr. Dorr, has much improved in health since his commitment. Dr. Brownell's report evinces the man of business, who uses no more words than are necessary to express his ideas.

Dr. Cook's Address.—At the annual meeting of the Rensselaer County N. Y. Medical Society, in June last, the address was delivered by Simeon A. Cook, M.D., the president. This is a late hour to notice it; but the printed copy we received a few days ago, is the first we have any recollection of seeing.

A synopsis is, perhaps, all that is necessary to give an idea of Dr. Cook's discourse. He congratulates the Society on the diffusion of medical light by the activity of the press. He states that the repeal of an eminently conservative law of the Empire State, now permits every old woman or horse doctor in the State to prescribe for the sick, and collect a fee for their irresponsible services. Then follows a train of reflections, bespeaking a liberal mind, as democratic as the age demands, showing that the exclusive law, enabling the regular profession, only, to have the aid of the statute book, for collections, is not now needed: the brotherhood, in a word, ask no protection but that of discriminating people. He intimates that degrees are had full easy enough. In consequence of the easy way in which some parchment gentlemen could wedge themselves into the county societies, by virtue of their diplomas, discord was introduced, and instead of being the nurseries of science, as they were of medical police, scenes of discord were often exhibited in these societies. A certain Mr. Scott, better known at home than a thousand miles from it, the champion of the anti-medical legislative party that broke down the old barriers, is handled with delicate severity. Dr. Cook has certainly performed a great operation upon him. In keen satirical arguments, which pin an opponent like a dead fly to the wall, Dr. C. is quite successful, when sufficiently excited to put his mental powers into a state of activity.

Diet of Infants.—A pamphlet reprint, on this subject, from the New York Journal of Medicine, is circulating to good advantage. The author is Dr. James Stewart, of New York, who is good authority in regard to the diseases and diet of children. We noticed the article on its first appearance in the New York Journal, and expected ere this to copy some portion of it into our pages.

While the country is flooded with book directions for feeding and successfully rearing sheep, horses and cattle, it is curious how little is really known, in the common walks of life, about the true method of rearing our children. Hence the melancholy mortality, not only here, but almost everywhere else, in infancy. Were Dr. Stewart's treatise on the diet of children placed in the hands of every physician, or even in every house, both in town and country, it would impart instruction in a branch of hygiene which is exceedingly important.

Medical Charity Fund of Lower Canada.—Reference was recently made, in the Journal, to the late anniversary of the Medical Charitable Association of New York. A similar Society has been organized in Lower Canada, to meet alternately at Quebec and Montreal. The object is to afford relief to distressed physicians, caused by inability to practice, either through age or infirmity; and, also, to relieve the widows and orphans of physicians. With a view to raising a fund to draw upon in after times, the Society proposes not to begin to extend relief till the expiration of ten years from this time. Each member is to pay, yearly, into the treasury, £3, which in ten years will amount to £4558, interest included, provided 100 members are joined. At the end of the ten years there would be at the disposal of the committee of relief, £285, the interest of the capital.

This is a spirited, humane movement, honorable to the profession of Canada. It is strange that the practitioners of Massachusetts, but especially those of Boston, cannot be roused to action in this important matter. Surely there are enough in active business, who might easily appropriate a small sum annually, for a fund to feed and clothe the unfortunate of their own profession. We have urged the matter so often, that a feeling of discouragement comes over us, and especially when we witness the exertions of others, in every direction, in such a noble charity.

Pay for Post-mortem Examinations at Inquests.—At Lancaster, Penn., the dead body of a female being found, the coroner and jury directed an examination to be made, in order that they might have a right understanding of the case. Dr. W. L. Atlee was requested to do it—but when he presented a bill for services, the coroner refused to pay it. Being carried to one of the State Courts, Judge Lewis decided that if a physician is called in by any proper authority, as in that instance, the county was liable for a reasonable payment for his labors. In no State have medical gentlemen rendered more gratuitous service of this onerous kind, than in Massachusetts. No one remembers an instance in which a physician has received a farthing for such *post-mortem* examinations, even when strenuous efforts were made for a reasonable compensation. For years this Journal has urged upon the profession to assert their rights before coroner's juries, and not only demand, but exert themselves to secure the payment of a just remuneration for the important services rendered by them, which most generally lead to the proper decision of an inquest. Dr. Atlee has accomplished a good work, by carrying the question to a higher tribunal than a coroner's pocket. Hereafter, let every physician insist upon a reasonable remuneration for time and labor, and till it is guaranteed to him, from a responsible source, he should remain at home. This is a system we have contended for many years, and we are gratified that the claims of the profession are at last acknowledged somewhere, as they should be.

Dr. Gibson's Introductory Lecture.—On the 4th of November, the professor of surgery in the University of Pennsylvania, gave an introductory discourse, which has been published by the class. The doctor is an eminent surgeon, and an able teacher, and his address is such as might be expected from so distinguished a source.

Medical Appointments in the Navy.—The Board of Naval Surgeons recently in session at Philadelphia, have approved the following gentlemen, who will receive commissions as Assistant Surgeons:—Bernard Henry, Jr., Rob. T. Maccoun, Wm. A. Harris, Robert E. Wall, W. Sherman, Henry O. Mayo, John Rudenstien, R. F. Mason, Philip Lonsdale, P. B. Belany, Alex. J. Rice, S. A. Paddock, John A. Petit, T. B. Steele, J. F. Harrison and A. N. Bell. On the 7th of October, the Board closed its labors. It is more difficult, says report, to sustain an examination before this commission, than to obtain a doctorate at any university.

Hunter and Velpeau.—Cast your eye on that awkward, ill-educated, dull lad, as he emerges from his native hills in Scotland, and comes up to London to seek his fortune. He has no marks of genius about him—

no auguries of future greatness cluster about his person—his manner and personal appearance are rude and repulsive. He arrives at his brother's house in London, and by him is scarcely considered worthy of being put to the study of medicine. But he enters the dissecting room—and now comes forth the hidden and wonderful genius of the man. He seizes the forceps and scalpel—revels in the luxuries of a new world opened to his inquisitive gaze, and with an industry and perseverance far surpassing all those around him, delves into the organization of man. Not content with having mastered human anatomy, he passes on, in a lofty range of inquiry, into the wide stretched regions of comparative anatomy—freely expatiates over the variegated field of animated nature—opens new regions of truth to his admiring contemporaries, and, with stately step, passes on till the heights of renown are scaled, and with unanimous voice he is crowned by the medical profession as the greatest surgeon in ancient or modern times.—Such was John Hunter.

Look yonder in that ancient and opulent city—who is it that claims and receives such deference and homage on all sides? It is the man who came to Paris as a poor rough blacksmith. Issuing from his native village in the province of Loire, on foot, with his slender wardrobe in a bundle fastened to his back, his money gives out. He betakes himself to horse shoeing to refill his slender purse that he may get to the gay and wealthy capital of France. And anon he stands in its thronged streets, yet not as an idler, but as an heroic man determined to win his way by honorable methods to fame and fortune. In Dubois he meets with a generous patron, capable of appreciating worth however obscured by indigence, or depressed by the frowns of a thoughtless world, and by him he is encouraged and aided in his course. With unsubdued tenacity he clings to his purpose—works with indomitable patience day and night, and ere long is advanced, amid the keen rivalry of the concours, from one degree of distinction to another—till from being the interne of a hospital he ascends the highest rank of professional dignity. And now the name of Velpeau is surrounded with as resplendent a halo of glory as that which encircles the exalted names of Louis and Andral, and the once humble artisan bears on his brow the highest honors of the profession, in a great and proud empire.—*Harrison on the Formation of Medical Character.*

Early Puberty in Greece.—Mr. Strong, the Bavarian Consul at Athens, in a recent work (Greece as a Kingdom, 8vo., London), says—" Nature is so extremely precocious in Greece, that females attain the age of puberty at 10 or 11 years, and men at 15 or 16. Young lads of 16 and 17 are frequently met with in the villages already married and with families. I am acquainted with a lady of one of the first Athenian families, who, though only 25 years of age, has already had sixteen children (eight of them twins), of whom seven are still alive. It may scarcely appear credible in England, but there is now at Athens a venerable grandmamma in the person of a lady not yet 24 years old. She was married when 11 years of age, and had a daughter in the course of a year. That daughter married, also, when scarcely 11, and has just become a mother."

Foreign Body in the Bronchi of an Infant.—" An infant, two months old, was on the knee of its mother, who was engaged in cleaning French beans. Suddenly, it was seized with a convulsive cough, coming on in fits, with intervals of perfect calm. On examination, the face was found pale, with an expression of suffering; respiration difficult, and attended with lifting of the alæ of the nose. No fever, nor any abnormal sounds on auscultation. At the slightest motion a fit of suffocating cough came on, and the child leaned forward and opened its mouth as if to vomit. Various conjectures were advanced as to the nature of the case. Leeches, blisters and emetics were had recourse to. It was thought a foreign body might be present, and the trachea was opened, but none was found. On examination of the body after death, there was found, at the bifurcation of the bronchi, a bean, surrounded by pus and false membrane. The lungs were hepatized."—*Edin. Monthly Journal.*

Nocturnal Incontinence of Urine.—"This occurrence," viz., that of passing urine in bed, Sir Charles Bell says, "never takes place but when the boy is asleep upon his back; and the cure is a simple one: he is to accustom himself to sleep upon his face or side; the urine is not passed, nor is he excited to dream of making urine while he keeps this position.

"The circumstance is unaccountable, until we reflect on the position of this master-spring of the muscles of the bladder; the sensible spot a little behind and below the orifice of the bladder. When a person lies upon his belly, the urine gravitates towards the fundus; but when he lies on his back, it presses upon this sensible spot, and distends that part of the bladder which is towards the rectum, &c."

On the Employment of Castor Seeds.—Castor oil, says M. Soubeiran, is less purgative than the seeds which furnish it. This is because the oil which flows out in the press contains, comparatively, less resin than remains in the residue. M. Mialhe relates various therapeutical results obtained by means of an emulsion, prepared with fresh seeds of castor, which entirely confirmed this opinion; for, with ten grammes of seeds deprived of their shells, there was an emeto-cathartic effect, which continued for three days, neither opiates, cold gaseous drinks, nor cataplasms being able to subdue it. An emulsion prepared with six grammes produced twenty-eight vomitings, and eighteen alvine evacuations. Finally, with a third emulsion, containing only one grain of castor seeds, the emeto-cathartic effect was still very powerful. From these facts M. Mialhe concludes: 1st. That the oleoresinous principle found by M. Soubeiran in castor seeds exists only in very small proportion in the oil of these seeds, whilst the whole of it was found in their emulsion. 2nd. That French castor contains a large proportion of the acrid emeto-cathartic principle belonging to a great number of the plants of the *Euphorbiaceæ.* 3rd. That the emulsion of castor seeds prepared with only twenty, thirty, or fifty centigrammes of these seeds, constitutes, perhaps, the most agreeable purgative of all those at present in use (if, however, the vomitive effect of this emulsion completely ceases when the dose of seed is suitably diminished). Although this latter peculiarity has not yet been proved by clinical observation, it is probable that it is the case; for it is almost certain that the active principle of castor is analogous to, if not identical with, that of croton oil. Now, it is known that this latter oil, which is a simple purgative in the dose of one drop, becomes emeto-cathartic when this small dose is exceeded.—*Bulletin de Therapeutique.*

Sabine and Juniper Berries in Gout and Rheumatism.—A countryman had told Dr. Balyn, of Germany, that he was cured of gout by a tea made from the above herbs. Dr. B. himself suffering severely from lumbar rheumatism, took a beverage, composed of bacc. juniper., herb. sabin. et rad. calam. aa ℥j., put into a pint of boiling water, and took three cupfuls of it before going to bed. Violent perspiration was produced, and, at the third dose, he felt a darting pain running from the loins through the whole leg, which became insensible, as well as three of the toes. Next morning, he took the fourth cupful, waited till the subsequent perspiration declined, and then rose perfectly recovered. At a subsequent period, the author experienced very great success from the employment of the above remedy in rheumatism and gout. The addition of calamus, he thinks useful for the improvement of digestion.—*London Medical Times.*

Hysteria.—Dr. Allnatt narrates a case of severe hysteria with ptosis, caused by a flash of lightning, which he cured by purgatives, tonics, and sea-bathing. The complaint was removed in about a month or six weeks. Dr. Allnatt details the case to urge the necessity of caution in forming a diagnosis, as much injury might have accrued from an erroneons opinion in this case. Cases of hysteria mistaken for inflammatory action, are by no means rare.—*Ibid.*

Medical Miscellany.—Dr. Thomas Sewall, of Washington, has had an elegant pair of pitchers presented to him by a rich and grateful patient, who had been under his care.—Dr. Scott, of Greenville, has been elected Speaker of the General Assembly of Virginia.—At Demerara, both scarlet and typhus fevers have been exceedingly fatal, but at the last accounts had somewhat abated. Smallpox was on the increase there.—Dr. James Johnson, the veteran editor of the Medico-Chirurgical Review, is presumed to have retired from that work, as his name has ceased to appear on the covers.—A case is recorded in the London Hospital, where the callus uniting a fractured femur became partially absorbed, in consequence of bad diet, in an Union Workhouse, but by the use of good food and tonics, the patient recovered.

MARRIED,—In Jersey City, N. Y., Dr. Joseph H. Gautier, to Miss M. L. Gregory.—At East Brooklyn, N. Y., Dr. James Nightingale, of Patterson, N. J., to Miss Mary Cobb.—At New Brunswick, N. J., Dr. Henry R. Cannon to Miss E. M. Carhartt.—At Hazel Ridge Cottage, Howard Co., Mo., Dr. Loring H. Reynolds, of Ky., to Miss J. M. Cleveland.

DIED,—At Port Praya, Africa, Dr. Waffley, Surgeon of the U. S. Ship Decatur, in consequence of a fall from a cliff of rocks.—In New York, Dr. S. C. Roe. He dropped dead in the street, from a disease of the heart.

Number of deaths in Boston for the week ending Dec. 14, 29—Males, 14; Females, 15. Stillborn, 1. Of consumption, 3—typhus fever, 4—fits, 2—disease of the lungs, 1—scarlet fever, 4—apoplexy, 1—worms, 1—hooping cough, 1—croup, 2—throat distemper, 1—dropsy on the brain, 1—inflammation of the stomach, 1—old age, 2—inflammation of the bowels, 1—cancer, 1—canker in the bowels, 1—unknown, 2.

Under 5 years, 12—between 5 and 20 years, 6—between 20 and 60 years, 6—over 60 years, 5 (one aged 105 years).

New Medical Works.—Messrs. Lea & Blanchard, of Philadelphia, will soon publish the following desirable books:—

Taylor's Medical Jurisprudence, edited, with numerous additions, by Dr. Griffith; in 1 vol., 8vo.

Ashwell on the Diseases of Females, edited by Dr. Goddard; in 1 vol., 8vo.

Hoblyn's Dictionary of Terms used in Medicine, &c., edited, with additions, by Dr. Hays; in 1 vol., 12mo.

The Principles of Surgery, by James Miller, Professor of Surgery in the University of Edinburgh; in 1 vol., 8vo.

Sir Astley Cooper's great work on the Diseases and Structure of the Testis, with his Treatise on the Thymus Gland; the two works in 1 imperial 8vo volume, with numerous illustrations in lithography.

Colombat de L'Isere on the Diseases of Females, translated, with many notes and additions, by Professor C. D. Meigs; in 1 vol., 8vo., with numerous illustrations.

Williams on the Diseases of the Respiratory Organs. edited by Dr. Clymer; in 1 vol., 8vo., with cuts.

Mental Maladies considered in Relation to Medicine, Hygiène and Medical Jurisprudence, by E. Esquirol; translated, with additions, by Dr. E. K. Hunt; in 1 vol., 8vo.

Fownes's Manual of Elementary Chemistry, Theoretical and Practical, with additions by the American editor; in 1 vol., 12mo.

Russian Mode of Castrating Horses.—"A Russian who wished to castrate a horse seized him by the thighs and hocks, held him firmly in his nervous grasp, and then, by a sudden movement equally rapid and cruel, tore off the testicles with his teeth, which served him at once for bistoury and instrument of torsion. This extraordinary man required no assistants—no apparatus wherewith to fix the horse before he commenced his strange and cruel operation. He practised it repeatedly, and always with success, and stated that such was the mode in which it was uniformly practised in his native country."—*Veterinarian.*

Backward Dislocation of the Carpus.—David B—, aged 18, admitted under Mr. Scott, Sept. 4th. He had fallen from the mainmast of a brig, and besides having driven in the lower part of the outer wall of the frontal bone, in the situation of the sinus, and dislocated the middle finger of the right hand, had also displaced the left carpus backwards, the dislocation being evidenced by the following symptoms:—lower ends of the radius and ulna prominent, both styloid processes being entire, a marked depression beneath, or, rather, in front of them. Hand partially adducted and thrown backwards; a prominent tumor, formed by the carpus, extending from the level of the radius and ulna backwards, i. e., towards the elbow, for about an inch and a half; a marked depression above the tumor, i. e., towards the elbow; movements of the hand almost lost, there remaining only slight power of extension, none of flexion.

No inconvenient symptom resulted subsequent to reduction, which was effected by making extension from the hand, the elbow being fixed by the knee. The fore-arm and hand were fixed in splints for about three weeks, and he soon after this regained perfect movement of the joint.—*Lancet.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXI. WEDNESDAY, DECEMBER 25, 1844. No. 21.

SURGICAL OPERATIONS IN THE MOUTH, FAUCES, &c.

From Lectures on the Operations of Surgery, recently delivered in University College Hospital, by Robert Liston, Esq.

I NOW proceed to speak of affections situated at the posterior part of the mouth—of the fauces.

In the first place, you have to treat inflammatory affections of the soft palate and tonsils. These affections are common enough, and many of them do not require more treatment than the patient himself or his friends can conduct. They arise from the exposure of the external surface, or of the mucous membrane, to the influence of cold and moisture. The pain and the swelling will disappear on adopting some means to restore the functions of the skin—warm water, and the exhibition of a diaphoretic.

But now and then these inflammations run so high, as to demand the attention of the surgeon: the swelling becomes greater and greater, deglutition is performed with great effort, and the breathing, perhaps, becomes affected. The latter cannot be seriously interfered with, unless the passage to the nostrils is obstructed as well as that by the mouth. Patients have been suffocated by the inflammatory swelling, whether attended by the formation of matter or not. This has occurred where the tonsils have been affected before, and have swollen to a great extent. By the inflammatory action you frequently find the tonsils enlarged; the whole of the parts are called into such violent action, that there is no passage down the throat, and it has been followed by sudden suffocation. The patient has died in a moment, in the same way as from affection of the rima glottidis—by the entanglement of mucus in the narrowed fissure of the fauces, betwixt the two tonsils.

The swelling is sometimes occasioned by the formation of matter between the folds of the velum, and these abscesses sometimes require active surgical interference. If an abscess is allowed to form to a great extent, and the breathing becomes embarrassed, there is even some risk, by its sudden and spontaneous opening, of the matter getting into the windpipe, and causing suffocation.

You will be called upon to remove this collection of matter; and it is, in general, very easily effected. There is no necessity for providing yourselves with this instrument—a pharyngotome, a sort of lancet, in a spring case, with a screw in the handle to regulate the extent of the incision and the length to which the blade can be protruded. An abscess in the throat may be opened quite well with a common pocket bistoury. By feeling the parts, ascertaining that the swelling is elastic, and perceiving that it is red and turgid, you make up your mind that there is matter there, and that it is necessary to evacuate it. You also consider the duration of the inflammatory action, in determining as to the existence or not of purulent fluid. You depress the tongue with the finger of one hand, and having wrapt lint round the blade of the knife to within three quarters of an inch of the point, you introduce it, with its back towards the tongue. The patient's head must be uncommonly well secured, lest he should make a sudden effort, and the incision should be made either in a wrong place, in a false direction, or too deep. The operation may be performed with perfect safety, if you employ these precautions. The instrument must be directed straight backwards: if you incline it to one side, towards the pterygoid process, and the patient were to make a sudden movement of the head forwards, you might push the instrument among the large vessels, and even wound the internal carotid; cases have occurred where fatal hæmorrhage has been produced. It is advisable to interfere with these cases early, because now and then abscesses of an unhealthy kind destroy the parts; perhaps the abscess at last bursts spontaneously, ulceration proceeds, large vessels may be opened, and the patient have violent and even fatal hæmorrhage from the throat. The matter is generally collected between two folds of the velum palati, and occupies one side.

There are some other operations practised here; they may be of little moment, but still all these operations in deep cavities require some precautions, and are often of more difficult execution than may, by the uninitiated, be supposed.

Sometimes it is advisable to remove portions of the tonsils. When they are in a state of hypertrophy the patient breathes with difficulty; he perhaps is subject to occasional inflammatory attacks, and he runs the risk, in some of these, of being suffocated. Children often labor under this affection; the voice is altered considerably, and it is desirable to have the swelling removed. I do not know that there are any possible means of doing so except by attacking them with a cutting instrument. You find these swellings occurring in people of delicate habit, and in scrofulous children; but they may take place in persons enjoying apparently a very good constitution. The affection of the tonsils may be accompanied by swelling in the lymphatic glands of the neck, and you may try to reduce them by iodine. Attempts are made to promote absorption by the employment of gargles, and touching the surface with dry powdered alum, or nitrate of silver; but these means seldom answer any good purpose. You cannot by the constant application of the nitrate of silver expect to get rid of the swelling, except you produce deep ulceration, and it would be rather a painful business to burn away the tonsils by escharotics, and might be attended with considerable annoyance and risk.

You may be called to the case of a young subject—a child, where the swelling has arisen to such an extent that it threatens suffocation during the night. I have seen such cases over and over again, and, in order to prevent fatal consequences, it may be necessary to take away one or both tonsils. Where a patient has suffered long under this affection, does not speak with freedom, performs deglutition with difficulty, and every means have been tried in vain, it becomes desirable to get rid of the swelling, and this may be done with facility if you go the right way about it. It is stated in old surgical writings (in "Cheselden's Anatomy" there are plates representing the manner in which it is to be performed), that the swelling of the tonsils is to be removed by ligature; and even in the "Medico-Chirurgical Transactions" of the present day, there are papers giving an account of the best mode of tying the tonsils. I am not sure that some surgeons do not resort to it even to this day. If ligatures succeed, the patient is subjected to a tedious process, and a very painful one. It is some days before the ligatures come away; there is a discharge of putrid matter from the throat; and, as in the cases of tumors of the mouth attacked by ligature, there is profuse salivation. The parts swell, and the patient is obliged to have a basin under the chin to catch the discharge. This is the instrument of Mr. Chevalier, who published a paper on tying the tonsils. It was intended to transfix the tonsil, and then separate the ligatures, and tie one on one side and one on the other. This was to be turned so as to bring the point through the tonsil from behind forwards. The needle I used to tie the tongue or erectile tumors will answer the purpose if you propose to try this proceeding, but it is one that I do not advise. There is no necessity for tying these tumors, because the swelling is a mere enlargement of the tonsils; there is no necessity for taking the whole of it away; you see the follicles containing sebaceous matter, which smells very offensively; the swelling is by no means vascular, and any wound made in it heals up with great rapidity. There is nothing malignant about the swelling, nothing scirrhous or cancerous, and if the patient is at all steady you may take it away with great ease. You place the patient in a good light, and lay hold of the tonsil by means of this instrument, to which the French writers give the name of "pince airigne," meaning forceps with hooks, or "pince de Museux," from the inventor. Operating on the right tonsil, you hold the forceps in the right hand, and an assistant hands you a narrow, straight-pointed bistoury, or you hold it in your lips with the handle towards your left hand. You then put down the patient's tongue with the fore-finger of the left hand, and get a view of the tonsil; you carry the knife along the tongue, with its back towards this organ, slip it under the tonsil, and with a sliding motion cut it off, and draw it out with the forceps, taking care not to wound the velum or lips. You repeat the operation on the left side, using the forceps with the left hand, and the bistoury with the right. You do not attempt to extirpate the whole of the tonsil; if you did, you would endanger the vessels. You merely cut off, by a perpendicular section, the prominent part of the tonsil, to give room to the patient to swallow and breathe. In adults this operation is preferable to any other, that is, when you have to deal with sensible people, who will afford every facility.

I have even performed the operation thus in a good many children, and I have very often found them willing enough to submit to it. They have been often suffering previously from difficult breathing, and, afraid of suffocation, they have come to me with their mouths open, and have borne the operation without wincing. I once saw a little lady under these circumstances, with my friend Dr. N. Arnott, and her only remark after the affair was over, and when she saw a little blood hawked up, was —"Dear mamma, I think they must have hurt me a little." But you sometimes find that they will not open their mouths, and then you will have great difficulty with them. Of course, you will not have recourse to the operation in children unless under urgent circumstances, because it is possible that as they attain maturity, improve in health perhaps, or have it improved by proper treatment, the swelling may subside to some extent. Children are brought now and then by their parents, who have noticed that they do not speak well, and on looking into the throat you find the tonsils swelled; the parents become fidgety about it, and are anxious to have it removed; but you must not always please them in this point. It is not always necessary to perform the operation, and you may find a difficulty in accomplishing your object, even in young people of sixteen or eighteen, who are brought to you on account of an indistinctness of voice, their parents being anxious perhaps that they should sing like their neighbors' young ladies. If you can get them to keep steady and open their mouths, you may take off the part in the way I have described, but where there is difficulty you may employ such an instrument as I now show you. Two or three years ago there were an immense number of instruments of this fashion produced all at once—American and French —for performing this operation. Every writer thought it his business to contrive or to say something about these instruments. There is one depicted in Desault's works, which I think he calls a *kiotome.* This celebrated French surgeon was a contemporary of our John Hunter; he used the instrument, if I am not much mistaken, for various purposes, for opening cysts in the bladder, but he recommends the excision of the tonsils also to be made with it. You must first of all, then, endeavor to get the tonsil within the range of the instrument, and you must have them of different sizes. You will find it advisable to provide yourselves with a hook, or small valsellum, with which to pull the enlarged gland more completely through the opening or fenestra of the instrument than you can do by other means. Having effected this, you push the slipping blade forwards, and cut off the prominent part of the tonsil. I have seen some of these machines provided with a sort of skewer, which is to be thrust forward first, and when the tumor is so transfixed, it is raised up by another contrivance of a hinge. All this is for the use of those gentlemen practising surgery who are deficient in dexterity, and for the benefit of the cutlers. But although this is a very nice-looking instrument, it is not a very useful one, and I would not advise you to burden yourselves with it, though I must have almost every instrument that has been contrived, both old and new. This operation of excision, however managed, is very much preferable to tying the tonsil; it is a proceeding accomplished at once without any great difficulty, in ordinary cases, and scarcely with any pain to the patient. It is quite effectual; there is no return of the swelling; and under any circumstances it is an exceedingly satisfactory proceeding.

You have sometimes to treat affections of the uvula. It is sometimes enlarged to a great extent; it is so in all inflammations of the throat. It hangs down upon the tongue; it sometimes comes on the rima glottidis, and causes irritation and coughing, but that goes off, along with the swelling of the neighboring parts, by general treatment. By applying some slight astringent gargle the parts resume their natural condition. In cases of that kind you would not have recourse to any active surgical operation.

But the uvula sometimes continues enlarged, and it causes occasionally unpleasant feelings to the patient. It may be swollen, in consequence of repeated attacks of inflammation, and the enlargement of it never entirely disappears. It swells more and more at each attack, and at last hangs down, so as to cause considerable inconvenience. Sometimes the uvula is naturally long. I saw a patient some time ago in whom the uvula coiled up in an extraordinary manner on the tongue. It was so long that you could have easily taken hold of it with the fingers, for it could be blown out almost to the tip of the tongue, and so as to come in contact with the incisors. I have seen the uvula often bifurcated, and sometimes there are one or more warts, of considerable size, on its extremity. Here is a specimen of a very large one, which I removed lately; it is as large, you perceive, as the kernel of a filbert.

You will be called upon to take away this elongated uvula at the request of the patient, but not otherwise. The patient to whom I just now referred, still keeps his enormously elongated uvula; I never said anything to him about removing it. But if a patient wishes to have it removed, how is it to be done? You cannot take hold of it with the forceps in common use; it will constantly escape; and yet you cannot attempt to cut it off with a chance of success, unless you can seize and hold it fast. Scissors have been contrived for this purpose, and are referred to and delineated by Mr. Cooper, in his "First Lines of Surgery." There is a sort of bend upon the blade, and a blunt end coming across one of the blades. It is proposed to put this behind the uvula, and snip it. You may catch the uvula in that way, but you cannot be certain of it, nor of the size and length of the portion you remove; you may take away much too little to give relief, or you may snip away the greater part of the organ; this would not answer, as the articulation is sometimes rendered indistinct by the loss. In order to be sure that you take away just as much as you wish, you must lay hold of it with these long forceps with hooks at the point, something like the artery forceps. These are more suited for the object. You thus take hold of the uvula lying on the tongue or dangling about, and with a pair of long scissors carried back in the throat, cut it away. It relieves the patient of all the symptoms, and after a very short time the wound heals. Adventitious growths are now and then seen in this situation, betwixt the layers of the velum, and then they are not always to be got away easily. I have removed some loosely connected, by merely laying them bare and detaching their cellular connections. A tumor deeply and firmly attached, of course cannot be meddled with. Occasionally pendulous tumors are found here, and may be removed by the same means as the enlarged uvula is.

The tonsils and the uvula are the seat of ulceration; but this subject was, no doubt, partly treated of by my worthy and excellent colleague, when he spoke of syphilis and the effects of mercury on the constitution. All ulcers that occur in this situation are generally attributable either to the one cause or the other. Syphilitic ulcers are to be treated by general measures, such as affect the constitution and remove the poison from the system. But many of the small ulcers which are seen in patients who have suffered from syphilis or taken mercury, do not require any general management; they heal up very rapidly, by local applications. You touch them with some substance that will destroy the surface, and put them in a more healthy condition. Phagedænic ulcers are often stopped by touching them with a solution of mercury and nitric acid. You may pencil them over very lightly once or twice, at a considerable interval, with the nitrate of silver in substance or solution. I do not mean to say that attempts should not be made to improve the patient's health, by the exhibition of preparations of sarsaparilla and iodine. The iodide of potassium is often very beneficial. It is very desirable to put a stop to these ulcers, but you will not succeed unless you employ active local measures. You must attack them vigorously, and make such an application of the remedy as will destroy the sloughing edge, or the edge where the ulcer is going on rapidly. You then find the same effects follow here as in other situations; the ulcer is checked, and the healing process commences. If this be not had recourse to, the velum becomes destroyed, the parts are deformed, and their functions seriously impeded. Deglutition is performed with great difficulty; unless the patient is careful in attempting to swallow liquids, a portion comes through his nose; his voice is considerably affected, and when the parts become stretched, it is so much altered that the patient snuffles, and in a very unpleasant fashion indeed. The voice of a friend of mine who has lost nothing but the uvula is so indistinct, that he never makes an observation but I am obliged to ask him to repeat it. To be obliged constantly to ask a man when he is talking to you, "Eh, eh; what did you say?" is very annoying both to the individual and to those who come in contact with him. You must be very careful to prevent the spread of these ulcers; sometimes they go on to a great extent without being detected, and unless a surgeon has his eyes about him and all his faculties, he will often be deceived. The patient complains of a slight sore throat, and the ulceration may not be noticed. I have seen ulcers, over and over again, occur on the posterior aspect of the velum; these have been neglected, and, at last, gradually, from the destruction of the parts, perforation has taken place through the velum; the anterior surface has first of all become discolored, it has then become whitish, and ulcerative absorption has gone on. This opening will not heal up again without the parts being inconveniently stretched; and even after it has healed, some inconvenience remains.

I have thus given you a slight sketch of the diseases of the soft parts, and I will now talk to you about some affections of the jaws.

I have already spoken of the bad effects of decayed teeth and stumps, and have told you that an abscess occasionally forms at the fangs of the teeth. You will find now and then, on taking out the stump of a tooth, that there is a swelling, and on examination you discover that it is a cyst, containing puriform matter. Sometimes these cysts are of very large size. I have seen a cyst—a complete abscess—as large as the tip of the finger, come away on removing a tooth. These abscesses even break externally, and if any of the cyst is left, matter will continue to be discharged for some time. These abscesses sometimes so increase in size as to lead to a swelling of the jaws. An abscess formed at the socket of a tooth, now and then makes its way along the tooth. If the sockets have been a great deal absorbed, the matter at last comes up and presents itself under the gum. It is described under the name *parulis*—gum-boil. There is a superficial swelling of the gum, followed by suppuration; but the troublesome cases are those in which abscesses form in the very sockets of the teeth; they are attended with great pain, swelling of the face, and so on. The abscess gradually advances, and may be discovered fluctuating very distinctly. You open the mouth, and see a large swelling on the upper or lower jaw, which you find to be elastic, and on putting a lancet into it, there is a great escape of putrid matter, which is attended with much relief to the patient. If a patient has suffered from this once, the cause ought to be explained, and means ought to be taken to prevent the recurrence of it. He is unwilling to have the teeth taken out when the parts are quiet and going on well, but some of these collections form deep in the jaws; they go on increasing, the parietes of the abscess expand, and cavities in the bone are at last formed of considerable size. When formed in the upper jaw, the abscess may burst into the antrum, and sometimes there is a cavity, independently of that in the upper jaw, a large chronic abscess. The same thing occurs in the lower jaws. Sometimes the plates of the bone separate to a great extent, and if neglected for some time, you find tumors formed, of very large size, which are gradual and slow in their progress. These cases are known under the name of *spina ventosa*. It is only in patients who have been neglected, and in whom the disease has been allowed to increase from month to month, that anything of this kind is observed.

Then, again, in removing decayed teeth, or portions of them, which have been allowed to remain long, you will now and then perceive a fungous growth on the extremity—a soft, pulpy swelling, adherent to the apex of the fang. Again: if you notice a carious tooth when extracted, you will sometimes find a soft fungus in the hollow of it, and if you take the trouble of splitting it up with a pair of cutting pliers, you will find that the whole canal is filled up by a swelling, which expands like a mushroom. These swellings often increase in size; they fill up the remainder of the crown of the tooth, and sometimes form a connection with the spongy gums. In other cases the swelling commences at the gum, by the side of the decayed tooth, it gradually increases in size, and perhaps involves the gums of the adjoining teeth. Some of these swellings are as hard as the gum; some are soft and pulpy, and bleed on a slight touch; and some again, though very seldom, assume a malignant character. These tumors are generally of a benign nature, they are firm in their consistence, and, if thoroughly extirpated, are not reproduced, but if any portion is left, they return. If the socket of the tooth, in which the disease commenced, is not taken away, and indeed the whole gum, the disease is sure to come back in a few months, following the analogy of tumors in other parts. I have told you that, however benign in its nature a fibrous or fatty tumor may be, if any porrion of it be left, it will be reproduced; but take away the whole, and there is little chance of the patient being again troubled with it.

These tumors sometimes are of a bad character; but even in those of a contrary nature, where the operation is imperfectly performed, there is a return of the disease. The patient, much annoyed of course, again recurs to his surgeon; caustic is perhaps applied from day to day; becoming alarmed, he at last places himself under a person of more experience; the whole is then taken away, and there is no further trouble. Here are some drawings from preparations belonging to Mr. Nasmyth, of Edinburgh, showing tumors of the gums. One represents a tumor occupying the posterior part of the upper jaw, with all the stumps stuck in the middle of it. The teeth are all in a bad state. Those persons who are foolish enough to allow useless portions of the teeth to remain, may lay their account to suffer from this disease. The pain has gone off, the nerve is destroyed, and they think there is no occasion for interfering with the teeth or having them taken out. They do not care about the fœtor of their breath; they have perhaps arrived at a time of life when they think nothing of it; but there is always a deal of mischief if these stumps in the jaws or gums are not taken out. They keep up the swelling and the tumors in the gums. Here is another drawing, showing a tumor of the gum, where the swelling has gone up from the interior of the tooth, and has spread over in a mushroom-like form, and becoming adherent to the spongy gums, has formed a large swelling.

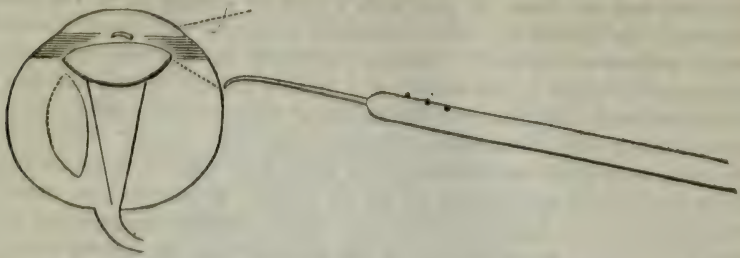
In order to get rid of these tumors effectually, you must take away the whole of the growth. Most frequently you find them connected with the decayed fangs of the small grinders upon one side or other of the jaw, and most frequently the lower jaw. Sometimes you find them far back in the lower jaw, growing from the decayed roots of the last large grinder, and spreading their influence to the gums of the wisdom tooth and the grinder anterior to it. It is then a difficult matter to get quit of the swelling. If it be of large size, the patient can only open his mouth with difficulty, and you get but an imperfect view of it. In the fore part of the mouth there is no difficulty at all. All you have to do, then, is to extract a tooth, sound or unsound, on each side of the tumor; the gums are more or less involved in the disease, and you can take them out with the forceps. If the disease were connected with a canine tooth, you would then take out the first small molar tooth, and the lateral incisor; or suppose it were confined to the gums of the canine and first molar, then you would take away the lateral incisor of that side, and the second small molar. You then apply a small saw (such as this) to the socket, and cut down the jaw, with a view of getting rid of the parts from which the disease has commenced, of removing the alveoli and the diseased sockets of the teeth. Before you apply the saw you carry your knife round the base of the tumor, and having applied it, and cut down the bone on each side, then, by the means of cross-cutting pliers, you remove the teeth and the sockets, together with the tumor. When the gums of several teeth are affected, you must take away a tooth on each side, and cut away the sockets of all the teeth. If you do this, there is no necessity for any further proceeding. Some surgeons recommend that you should employ an escharotic, as the potassa fusa, to remove the disease more effectually, but this is unnecessary. It is better to go far enough with the saw and the forceps. In order to get rid of tumors far back, and to avoid the necessity of cutting open the cheek, it is necessary to have forceps of various sizes and forms. Although these instruments look very large and coarse, and such as one might say farriers would employ, yet they enable you to remove the affection with less trouble and pain to the patient than if you use small and inefficient forceps. If you were to apply forceps half the size, you would find that you could not cut the sockets through cleverly ; that they would bend, and you would have to repeat the operation ; whereas, if you go properly to work, you will have no difficulty in accomplishing your object.—*London Lancet.*

THE OPERATION FOR CATARACT.

By E. H. Dixon, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 298.]

Since my last communication on this subject, I have been gratified with the complete removal, by absorption, of a caseous cataract, and that in the short space of two months, from the eye of a patient 68 years of age. Such a result, as every experienced surgeon well knows, is not to be expected as a general one. Yet where the patient is in high health, and of an even temperament, I should be much inclined to advise the operation for absorption in preference to depression, even at 50 years of age. A young surgeon is often tempted to depress a cataract by the eclat attending the immediate restoration of vision ; yet he cannot learn too soon that the probability of permanent benefit to his patient and his own reputation, is infinitely less by so doing. Up to the period of 50 years, then, when the health is decidedly good, and the temperament active, I advise the local operation, or that for absorption—anterior if soft, and posterior if caseous. If hard, which can only be determined by its dark color, and extraction (which may sometimes be the preferable operation), depression, downwards and *backwards.* As the position of the needle and lens can only be shown in a plate, by a vertical section, the reader must transfer the needle mentally to his hand, and then holding the diagram with the cornea facing him, he will understand the proper movement in depression, viz., *the third of a circle of eleven lines diameter.*



This diagram illustrates sufficiently the points I have endeavored to impress. It will be seen that when the lens assumes its proper position in depression, the most extreme caution must be used to prevent its tearing the retina which lines the entire globe, and is immediately contiguous to it. The angular lines proceeding from the posterior surface of the lens show the points beyond which it must pass, when depressed, to admit, without interruption, the light. Should it be depressed further than its position shown by the dotted line, it must injure the retina. The needle (Scarpa's) should pierce the sclerotic coat as far at least from the ciliary processes as shown, and immediately after piercing, the handle should be sufficiently depressed to permit its point to pass in front of the lens; it may be impossible to effect this without a little effort and a few seconds' delay. This part of the operation is by far the most essential to success, and it is only by perfect self-control that it can be properly done. The convexity of Scarpa's needle ensures the safety of the iris, and renders it possible to destroy effectually the anterior capsule. How this can be properly done with a straight or Hay's needle, in the posterior operation, I am at a loss to determine. With Scarpa's a half turn between the fingers must produce an effective effort upon the capsule. This movement cannot avail with Hay's—it being indispensable to elevate the handle; and this ensures laceration of the vitreous humor by partial depression, which is not the object of the operator in this, *the operation for absorption.* He may indeed, and doubtless must, slightly injure the vitreous humor in passing his needle effectually through a semi-fluid or soft lens, so as to destroy its posterior capsule; but he should endeavor to inflict as little injury as possible, and Scarpa's is undoubtedly the safest instrument. If, as in infants he should always do, he practise Saunder's, or the anterior operation, he will of course find the curved needle the most effective, as this movement (the half turn) is much the most easy, will permit the wrist to be perfectly immovable, and the small and ring fingers to form a rest on the temple, the whole being effected by rolling the needle between the thumb and two fingers. This, moreover, is one of the movements in which the consentaneous action of the muscles is so happily developed, whilst learning to write, that it is done almost unconsciously, and, as a consequence, with more steadiness and precision than any other.

The anterior operation should be done with a puncture about a line from the union of the cornea with the sclerotic, as indicated by the dots. The point of the needle visible in the diagram in the centre of the pupil, and the dotted line from the point of puncturation in the posterior operation, is intended to show the line traversed till it appears in the pupil—the convex part, to be known by the dots on the handle, always being held towards the face of the operator. The dotted lines, showing the position of the lens in depression, prove that instead of depressing directly downwards, which has, and I fear will continue to effect the destruction of thousands of eyes, a movement equal fully to one third of a circle eleven lines in diameter, must be made with the point of the needle a little below the centre of the pupil, and that the operator has but a line to spare before the posterior edge of the cataract will injure the retina in that situation also.

New York, Dec. 1844.

THE USE OF CHARCOAL IN CONSUMPTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Within the last two years, the writer has prescribed charcoal as a tonic, and with such well-marked good results, especially in cases of consumption, that he is induced to invite medical practitioners, through the medium of your Journal, to test its powers, and report their experience of its remedial effects; even, should they not find it so well deserving of attention, as he has been forced, from a close observation of its effects, to consider it.

In six cases of tubercular consumption, in which it has been used, and in which the writer had frequent opportunities of witnessing the results that followed its administration, he is satisfied that it possesses the power to lessen profuse sweats, and to resist emaciation. He will not claim for it the virtue of entirely arresting the former, or completely preventing the latter symptom of phthisis; although, in one of the cases in which it was given, the symptoms alluded to were arrested from the commencement of its exhibition; and increase of flesh was plainly manifest, after a few weeks of its continuance.

In two of *the cases*, the tubercular irritation is *suspended*. The patients believe themselves to be entirely free from disease, after having been so much reduced as to be obliged to confine themselves, almost constantly for a number of weeks, to their beds, and having suffered for months from all the characteristic symptoms of tubercular phthisis—a disease which had proved peculiarly fatal in each of the families of which the individuals, referred to, were members.

The charcoal has usually been directed to be taken finely powdered, in drachm doses, three times a day; and whenever it appeared to occasion the least irritation to the bowels, a few drops of paregoric have been administered with each dose. On the other hand, costiveness has been obviated, by combining with it, occasionally, a few grains of rhubarb.

The reflections of the writer on the observed results of carbon in cases of consumption, have led to the following theory; which he submits to the consideration of the readers of your Journal.

1st. Natural respiration admits into the circulation a standard volume of oxygen at each inspiration (the standard having only a relation to each individual). Diseased respiration consists of a deviation from the natural standard; and may be attended by an increase or a decrease of the normal quantity.

2d. During health, the vital powers resist the introduction of an increased quantity of oxygen; while the chemical affinities secure the system from the evils which might arise from an imperfect oxygenation of blood. Thus, healthy respiration always maintains a medium relation to these two important *properties*.

3d. In tubercular disease of the lungs, the tonicity of the absorbing surface of the air-cells is impaired; yielding to the chemical affinities, and permitting them to combine oxygen with the blood in greater quantities than when in health; until disorganization occasions a physical barrier to its admission.

4th. Not only is the weakened tonicity of the parietes of the air-cells, a cause of the introduction of an increased quantity of oxygen into the system, in cases of consumption; but as tubercles are the product of a general disease, a similar condition of the vital property which binds the ultimate atoms of organization together, permits the *organic affinities* to yield readily to the decomposing influence of oxygen.

5th. Water and carbonic acid gas are the principal products of a union of oxygen with the elements of organization; and are always proportionate to the amount of oxygen introduced into the system. Hence arise the profuse sweats, the diuresis and the emaciation of consumption.

6th. The introduction of carbon into the system, by the prima viæ in the form of charcoal, or combined with hydrogen, in the forms of *naphtha* or the animal oils, affords elements with which oxygen may combine; and thus save the organization from its destructive influence. But as the product of a union of oxygen with carbon alone, escapes, principally, by the lungs, the patient is not subjected to the uneasiness of night sweats, or the trouble of diuresis, which are generally produced when the hydrocarbonaceous compounds are used.

Several objections to the above theory might be advanced; such, for instance, as imputing the healthy absorption of oxygen into the circulation to an active vital function, rather than yielding it entirely to a mere physical property; the *endosmose* of Dutrochet, or the introduction of carbon, uncombined with an equivalent of oxygen, into the circulation, by the lacteals. The writer, however, will defer offering any arguments in defence of his propositions, to another opportunity. When the facts, upon which the theory is based, are tested by the experience of others, a different result may be found, or a further explanation be given.

Bangor, Me., Dec. 16, 1844.

NEW BOOKS NOT ALWAYS USEFUL.

[Communicated for the Boston Medical and Surgical Journal.]

"*A List of the most important articles in the Materia Medica, with their doses in substance, infusion, tincture, together with tables of weights and measures, observations on the art of prescription, &c.*"

It would be difficult to assign a reason for the publication of the above pompously announced pamphlet, either for anything new in the information it conveys, or on account of any deficiency which it supplies. Letting alone the puerile pedantry of the short preface, which would characterize a school-boy under the ferrule, let us turn to the contents, meagre and unsatisfactory as they are. The directions given under the head of "Art of Prescribing, &c.," are rather remarkable for their vagueness, than for any valuable information they convey. We are told that "medicines act differently on the same individual in summer and in winter, and in different climates." Now, what the nature of this difference is, we are left to guess, and unless the reader knows more than the author seems to do, of the effect of climate in modifying the action of medicines, he will be left rather in the dark. He might suppose, for all that is here conveyed, that calomel acted better in the temperate than the torrid zone, and that Epsom salts was a capital medicine in the West Indies!

We have seen that the little that is original, is profitless enough ; let us turn to the compilation. In a work professing to give an account of the most important medicines, we perceive, at a glance, some serious omissions. Let us suppose that one of the graduating class, to whom the pamphlet is dedicated, should depend on it solely for a work of reference. Perhaps he wishes to administer iodine to a scrofulous patient. The tincture will probably disagree with the stomach, indeed it is now scarcely used except for cheapness, and if he wished to use the simple solution there is no hydriodate of potass to facilitate the process, without which it would be rather difficult to dissolve the iodine. Of the syrup of the iodide of iron, which has superseded every other preparation, which has the merit of agreeing with the stomach and preserving the virtues of the iodine, and which is exclusively used in Boston, the author seems never to have heard. The graduate will be confined to rather a narrow range in his treatment of *secondary syphilis*, for he will find no mention made of hydriodate of potass, of the proto-iodide or bin-iodide of mercury. He sees nothing of tannin, of savin. In his treatment of diseases of the bladder, he will be somewhat troubled by the want of buchu (diosma crenata), and pareira brava, the favorite remedy of Sir B Brodie in those complaints. He is allowed to give a grain of strychnine at a dose! Let him try this heroic practice, and he will probably set his patient's muscles into a series of spasmodic contractions, like those of a frog under a galvanic battery. Is the author aware that a grain and a half has proved fatal? The dose named by Dr. Pereira is one twentieth to one sixteenth of a grain. The graduate is rather limited in his preparations of iron. He sees no mention of the citrate, ammonio-tartrate or ferrocyanate of iron, and in case his patients' stomachs do not relish any of the few preparations given here, he must abandon the iron treatment. Let us suppose one of his patients has taken a poisonous dose of arsenic ; he can do nothing for the unfortunate, for the hydrated sesquioxyde of iron, the only and sure antidote to the effects of the poison, has no place in his reference book. i. e., "The List," &c. The suicide must therefore die unaided. He had better trust to an intelligent apothecary than to the work in question. He will find no mention of sanguinaria, or of Indian hemp (Cannabis sativa). Of the former, Dr. Joseph Carson, the American editor of Pereira, says, "It is one of the most valuable of our native productions," and we can tell the author that it has saved the life of many a child dying with croup ; and the latter, Dr. O'Shaughnessy, of Calcutta, has made so famous, that we thought there was no one who had not heard of it, in the profession. It is observable that the author shows an entire ignorance of American drugs, and never makes any mention whatever of the American Pharmacopœia. Is this decent or proper ? And, on the whole, what shall we say of a publication which has the omissions mentioned and many more, prescribes a dose of a grain of strychnine (!), and has no single merit of form, arrangement, novelty or convenience. Were the practitioner ill-advised enough to appeal to it, its pamphlet form would preclude it from use as a pocket book, and its price as a table book. It sells for 37½ cents, while the Prescriber's Pharmacopœia, which, by the way, we can recommend, as supplying the deficiencies of the "List," &c., can be had for 50 cents, and is in a neat form for the pocket.

After all that we have said, it is hard to tell why this publication was given to the world, except for the pleasure of seeing oneself in print.

December, 1844. A CONSTANT READER.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 25, 1844.

Study of Ancient Crania.—From year to year this Journal has endeavored to keep its scientific readers apprised of the profound researches of Dr. Morton, of Philadelphia, into the primeval physical conformation of man. In his deductions, he has been exclusively influenced by what he saw, and in no instance has he presumed to establish a theory, not based upon conclusive inductive evidence. Egypt, the sepulchre of untold millions of the human race, in hundreds of ingeniously devised tombs, and in the very centre of those colossal monuments which have been the astonishment of successive generations, from a remote epoch, contains the identical bodies of the people who erected the pyramids, whose masonry seems destined to endure to the consummation of all material things. The skulls of these long-buried men are placed on a table—removed from the quiet resting places they erected for themselves, to wait the call of Horus, the deity of their adoration—and a philosopher of 1844 deduces from their esteological and phrenological developments, their true character while they were living, conscious beings. Such is the marvel of modern science—it decyphers the mystic history of humanity, by tracing its phases on the bony box that ages ago protected a brain.

In the comparative anatomy of the human races, in its widest sense, elucidated by history, craniology and monumental hieroglyphical inscriptions, Dr. Morton is the undisputed founder of a *new science*, which was first suggested by Blumenbach. Unaided by government, and exclusively at his own individual expense, his cabinet has not only become the largest but the most truly valuable collection of crania in the world. It abounds in rare specimens, in exact series. There are skulls of American aborigines from the Arctic Ocean to Cape Horn, ancient and modern, embracing a field so extensive, that in his Crania Americana we are gratified with a glimpse of a remote civilization, in an undefined antiquity, on this continent.

In Egyptian crania, there is not a museum, either governmental or private, that will begin to compare with that in Philadelphia. Cuvier thought that to have fifty skulls of mummies was sufficient to enable him, says Mr. Gliddon, to determine that the ancient Egyptians were Caucasians—but Dr. Morton ranges over one hundred and seventeen skulls, of every age, from all parts of Egypt. Mr. Geo. R. Gliddon, the learned hierologist, collected in Egypt a unique cabinet, which he generously presented to Dr. Morton, the present proprietor.

After reading Dr. Morton's works on the builders of the Nilotic Monuments, older by many centuries than the Pentateuch, in which are proofs that the ancient Egyptians were Caucasians, we turn with distaste from the writings of Pritchard. He dodged, Mr. Gliddon declares, hieorological evidences, and all the discoveries of the modern school of ethnographers, and scarcely deigns to allude even to monumental or sepulchral truths, which cannot be objected to or passed over. All Dr. Pritchard's classical fictions are completely annihilated by Dr. Morton's facts; and the theory of physical alterations of man within the last 4000 years, save by direct amalgamation, is made out to be a complete absurdity by the Crania Egyptiaca.

None but a hierologist can question the monumental data; no one but an anatomist can attack the osteological deductions—and this, we believe, is the reason why our cotemporaries, both in Europe and in this country, say so little about either, in philosophizing upon civilization. A new era commences with the exclusive study of man, and we are now freed, at last, says Mr. Gliddon, from the silly speculations, as to whether the ancient Misraimites were negroes—in regard to which, thousands of needless pages have been written. One American savan, singlehanded, in respect to establishing the Caucasian race of the Hæmetic family, has achieved more than all the ethnographical societies in existence. Scholars may now look for a forthcoming Crania Africana; and in the humble capacity of an editorial laborer in the field of science, we shall gladly chronicle all that is discovered in this interesting and instructive department of knowledge. Those who would understand the natural history of man, should begin at the right place. With these considerations, we would urge upon our professional brethren a minute acquaintance with the anthropological researches of Dr. Morton, which are honorable to the age and to the scientific fame of our common country.

Relations of the Atmosphere to Plants and Animals.—Some lecturers are always successful in impressing their auditors favorably. Such is the fact, if we may judge from his writings, in regard to Prof. Draper, of the chemical chair in the University of New York. He appears destined to give peculiar character to that institution. His acknowledged intellectual power, tact, perseverance and unflinching industry, are the true elements of renown.

We can now but briefly allude to an introductory discourse recently delivered by this gentleman, at the opening of the present lecture term, on the relations of the atmospheric air to plants and animals, to say that it is an able and interesting production. Dr. Draper began at the onset, two or three years ago, in creating a favorable impression—and he has since, in his writings, gradually ascended higher and higher in public estimation. Dr. Draper's prelections on light and its influences, the universal tendency to decay, death, and the value of chemical pursuits, embodied in this unpretending little pamphlet, contain the germs of the grandest conceptions of the human intellect. Of all the introductories of the season, good and deserving as they are, in point of philosophical dignity and splendor no one excels Dr. Draper's.

Monument to the Memory of Dr. Forry.—A subscription has been opened in New York for a monument to the memory of the late lamented editor of the Medical Journal of that city. It is proposed to erect it in Greenwood Cemetery. The expense of marble, iron railing, and the purchase of a lot, require a liberal demonstration of regard on the part of the profession, by whom the undertaking is conducted, and we sincerely hope nothing will be wanting to carry out the original design. Such an expression of respect for one who labored so devotedly for the extension and promotion of medical science, as Dr. Forry, would be honorable to the physicians of the commercial emporium.

A Universal Remedy.—A letter-circular heralds the gratifying intelligence, that a Mr. John B. Cross "*has discovered a new remedial power of the electric current, which has been pronounced by one of the most eminent professors in the country* (*his address is at the service of inquirers*) *to be, in relation to electricity, one of the most interesting facts, if true, that he has ever heard of.*" Aye, that is the rub—*if true!* Who is the eminent individual who is willing to play thorough bass to another genuine quack enterprise? The city of Boston, it seems, is still considered profitable ground for empiricism, notwithstanding the prodigious tax its inhabitants have already paid into the coffers of designing knaves. Mr. John B. Cross, who appends to his name *neurologist and electrician*, has electrical warm baths, too! This quite out-generals, in point of yankee ingenuity, all predecessors in his line.

The discoverer of this new remedial power "does not presume to intimate the abandonment of the family physician—but would have those afflicted with tic douloureux, nervous and sick headaches, earache, dyspepsia, gout, rheumatism; soreness, pains or inflammation of the stomach, breast, bowels, side, back, lungs, liver, kidneys, groin, &c.; epileptic, cataleptic and paralytic affections, withering of the limbs, muscles, or nerves," and an almost endless list of other aches, pains and diseases, whose names we have no room to quote, and "which appear to baffle the ordinary medical practice, present the subject for the decision of his judgment." How modest!—and Mr. John B. Cross, neurologist and electrician, actually abominates humbug as much as any gentleman in the community! Verily, the world is full of abominations, and Boston is still the paradise of quacks.

Strabismus Knife and Probang.—Dr. Smilie, of Derry, N. H., whose ingenuity in the contrivance and construction of surgical instruments we have often had occasion to refer to, writes as follows respecting two new ingenious and useful contrivances.

"Dear Sir,—I send you an instrument designed for the purpose of rendering the operation for strabismus more simple and less painful. The blade is composed of a single piece of steel, out of which is formed at the point a curved hook for raising the tendon, and a curved knife at its base to divide it. After having raised the muscle upon the curved probe, above the conjunctiva, according to the usual custom, the extremity of the probe, with the tendon depending, is carried above the opening, and is then carefully pushed forward and the muscle is exposed to the edge of the scalpel. By the above process there is less danger of inflicting injury on other parts of the eye, as every portion of the muscle raised upon the probe will be divided without the irritation of a second trial, which frequently follows the old method of operating.

Also an instrument for extracting foreign substances from the œsophagus. It has few peculiarities to recommend it, save utility, cheapness of material, and construction. And a knowledge of its form and material would enable every physician, with moderate constructiveness, to command one from his own mechanical resources. It is formed from whalebone. The shaft is to be made sufficiently long to reach the cardiac orifice of the stomach. One extremity of it is to be armed with four barbs, which are to be formed from whalebone, and the heads of each are to be wrought in a circular form, to enable them to be withdrawn without lacerating the œsophagus. These are to be confined to the end by thread, and in the process a proper angle can be given to the heads of the barbs to correspond with the calibre of the œsophagus. After they have been confined with thread it should be waxed over. The opposite extremity of the flexible shaft should be covered with sponge to suit the calibre of the œsophagus.

Extraordinary Births.—A late Liverpool paper announces the fact, that Mrs. Wm. Faulkner, of Moville, county of Derry, was delivered of a daughter, the 1st ult., and *thirty-three days after*, of a son. Between the first and latter births, the mother enjoyed excellent health and attended to her domestic affairs. If there is a parallel case on medical record, it does not occur to us where or when it happened. The children were called twins.

Treatment of Plethora by Saline Medicines.—"The treatment of plethora is often not nearly so easy as that of anæmia. In many cases it will not suffice merely to abstain from animal food, and to drink large quantities of simple cooling beverages, in the hope of attenuating and impoverishing the condition of the blood. Then, again, the effects of bloodletting are generally only transitory; and, moreover, the very loss of blood seems not unfrequently to induce a more active proportionate formation of it. On the whole, the use of saline laxatives, and of the hydrochlorate of ammonia (sal ammoniac), seem to be the most useful means that can be employed for the relief of plethora, when it gives rise to inconvenient symptoms.

"Dr. Lheritier, in his recent treatise on pathological chemistry, informs us that he has found that the proportion of the red globules in the blood of rabbits was decidedly modified by the internal use of this salt, in the course of two or three weeks.

"The nitrate of potash has similar effects; so also have the alkaline subcarbonates, and the liquor potassæ itself. Perhaps the latter is, on the whole, the most efficient impoverisher of the blood, provided, also, the diet is spare, and not too nutritious, and all malt liquors are avoided."—*Medico-Chirurgical Review.*

On a New Mode of Dressing Wounds and Ulcers. By DR. LANGIER, M.A.M., Surgeon to Beaujon Hospital.—This method consists in applying, on the surface of the wound or ulcer, a solution of gum arabic, and on it a bit of goldbeater's skin; thus dressed, a wound, an inch in diameter, was reduced in the space of eight days to one-third or one sixth of an inch in extent. Cicatrization took place so rapidly, that the granulations, covered with a thin epidermis, were as numerous and visible as before, but could be touched without causing pain. A wound, produced by amputation of the breast, highly inflamed, about four and a half inches in breadth, under this treatment, healed rapidly, and purulent secretion did not take place. The author proposes applying this method to a wound left by amputation of the thigh.—*London Medical Times.*

Camphor a Preservative of Ergot of Rye. By JOHN N. SIMPSON, M.R.C.S., &c.—I was not a little surprised to read some remarks by Mr. Rawle, stating camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner described by him. I order the camphor to be *mixed* with the powdered ergot, in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this either as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner also at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been engaged in the same gentleman's practice.—*London Lancet.*

Medical Practice in Illinois.—By the way, the *country* seems to me, in this State, to be the best locality for a physician. Illinois has no circulating, but a lively *locomotive* medium, which a physician might accumulate around him in abundance. As I was lately riding out with one of the oldest physicians in the State, he met a patient, who insisted on paying his bill in horses or fat cattle, and another took me to his farm, to show me, among other objects, the colts and calves which he had derived from the same source. In this way a physician might soon overspread a grazing farm with stock, and by its means replenish his stock of quinine when exhausted, which cannot always be done with the whole amount of money received from those who consume it.—*Dr. Drake's Travelling Letters in Western Journal.*

Medical Miscellany.—John Hightower recently died in Alabama, at the great age of 126 years. He received a wound at Braddock's defeat.—Mesmerism is raging most famously at Painsville, O. under the manipulating fantastics of Mr. Spence, in regard to whose skill in making moonshine tangible. three ladies and a huge committee of other people bear ample testimony.—Dr. Childs, of Massachusetts, gave his introductory before the medical class of Willoughby University week before last, which is reported to have been a happy effort, and will speedily be published. The class is twice as large, it is said, as it ever was before.—Dr. Middleton Goldsmith, of New York, has been appointed professor of surgery in the Castleton Medical College, Vermont.—Smallpox has appeared at Southport, and Caledonia, near Racine, Wisconsin.—Dr. Clarke, the owner of Congress Spring, Saratoga, is said to have an annual income of $20,000 from that property.—Dr. Adams, in Missouri, is accused of murdering a negress, by beating her to death, in a fit of passion.—Yellow fever and typhus were prevailing dreadfully at the last dates, at Tampico, Metamoras and other places on the Gulf of Mexico.—The Vermont Watchman and Journal speaks of Prof. C. S. Chase—a dealer in pathetism—" *who has secured an enviable reputation in New York and New England, as an operator and lecturer.*" Who is he ? We never heard of him before in any shape.

MARRIED,—In Chelsea, Mass., Francke Williams, M.D., to Miss Caroline Bartlett.—Dr. Henry Church, of Granby, Ct., to Miss H. P. Griswold.—At Haddam, Ct. Dr. Rufus Baker, of Deep River, to Miss S. Shaler.—At Prairie Spring, Wisconsin, Dr. L. Nash, of Rochester, Racine Co., to Miss S. M. Berry.

DIED,—In Illinois, Dr. Nelson, founder of the Mission Institute, formerly a medical practitioner.—At New York, Dr. Wm. M'Coppin, 74.—At Goshen, N. Y., Dr. Horton.—At Beverly, Mass., Edward Bradstreet, M.D., 31.

In Puerto Cabello, Venezuela, Oct. 28, Dr. Franklin Litchfield, aged 59. Dr. L. was a citizen of this State, and a graduate of Harvard, but had resided for the greater part of his life in the West Indies, New Grenada, and Venezuela. He was U. S. Consul at Puerto Cabello for nearly twenty-one years, and well known not only here, but in all places where Venezuela was known. Dr. Litchfield was distinguished not only as a physician, but as a civilian and a merchant. He was the intimate friend of Bolivar, Pena, Santander, Paez, Flores, Salom, and in fact all the distinguished patriots of Colombia, many of whom are yet living to revere his worth and do homage to his memory. M.

Number of deaths in Boston, for the week ending Dec. 21, 34—Males, 16 ; Females, 18.

Of consumption, 5—poison, 1—hooping cough, 3—dropsy on the brain, 1—dropsy, 1—slow fever, 1—inflammation of the lungs, 1—typhus fever, 2—scarlet fever, 3—accidental, 1—lumbago, 1—paralysis, 2—disease of the heart, 1—croup, 2—infantile, 3—marasmus, 2—canker, 1—cholera infantum, 1—unknown, 2.

Under 5 years, 18—between 5 and 20 years, 5—between 20 and 60 years, 9—over 60 years, 2.

Vicarious Menstruation.—Dr. A. Forget communicated to the *Societé Medicale d'Emulation*, the following curious fact:—Miss ——, ætat 16, dark hair and eyes, general health good, menstruated for the first time at 15, since which period, the catamenia came on regularly every month, without pain, and lasted four days. On the 27th of March, 1844, two hours after their apparition, a fright caused them to cease suddenly. The next day, intense cephalalgia declared itself; face red and heated; continual drowsiness; throbbing of the heart to an unwonted degree; anorexia, &c. 1st April: Miss —— experienced considerable difficulty in opening the right eye, accompanied with the sensation of a foreign body under the lids, and spots of blood were soon after observed on the corresponding cheek. During the day, at different times, hæmorrhage took place from the inner canthus, the blood being of a bright red, flowing, tear-like, drop by drop. On the succeeding days, it transuded, not only from the conjunctiva, but likewise from the skin covering the right cheek, the nose, chin, and back of the hand; once only from the meatus auditorious externus, the scalp, and the tongue. No precursory symptoms were manifested, except those already mentioned. The parts from which the blood escaped, may be classed as follows:—chin and nose; inner canthus; back of the hand; meatus auditorius; scalp, and tongue. The hæmorrhage ceased as soon as the patient went out, and the whole time it lasted, its consistence, color and temperature of the skin, were in their normal condition. On the 15th April, violent colics declared themselves, which ceased as soon as the patient had evacuated a tumblerful of liquid, florid blood. Finally, in the beginning of May, the catamenia appeared as usual. The treatment employed consisted in mustard-foot baths, fumigations of an infusion of artemisia vulgaris; fourteen enemas of warm water, and, internally, an infusion of artemisia vulgaris.—*London Medical Times.*

Astringent Remedies.—The following are the results of Dr. Gottschalk's experiments, as regards the astringent power of the sulphates of copper, zinc, and iron; acetate of lead; alum; sulphuric, muriatic, and nitric acids; creosote, &c. 1. The strongest astringents, as alum, acetate of lead, sulphate of iron, lose much of their constrictive powers, if employed in a liquid form. 2. The liquid form, counteracting astringency on the one hand, causes, on the other, a relaxation of the animal tissues, and thus affords an easier ingress to foreign matters. 3. The acids (muriatic and sulphuric) possess no constrictive power, beyond making the tissues a little denser. The vegetable astringents, according to the author's experiments, do not merit this designation. His experiments, performed with decoct. querc., ratanh., tormentill., gall. turcic., &c., prove: 1. That the above remedies display no constrictive effects, if used in a form, in which they are prevented withdrawing the water from the tissues with which they come in contact. 2. They are the less constrictive, as they are received with greater facility into the organs (as in a liquid form), thereby increasing the density and bulk, but without constricting the parts. 3. If we except substances, which cause contraction by their action on the nervous system (as strychnine), we possess no vegetable constrictive agents, but merely exsiccatives and refrigerants.—*Dr. Gottschalk in Schmidt's Jahrbucher.*

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CASE OF RENAL DROPSY.

From Prof. Dunglison's Clinic, November 23, 1844.

The lecturer observed, that he had been fortunate in being able to present already two cases of this affection, whereas during the last entire course he was unable to exhibit a single case.

The class would remember, that in the introductory lecture to the clinical course some observations were made on the value of attending to the secretions, especially the renal, as a means of studying disease, and that the indications derived from it, in certain dropsical affections, are of much importance. The urine exhibited on that occasion, as containing albumen in considerable quantity, was voided by the patient now before them.

Sarah C., æt. 44, entered the hospital under symptoms of effusion into the thoracic and abdominal cavities, and of anasarca. The feet and legs were much swollen at the time, and they have increased since. On examination, the urine was found to contain a large proportion of albumen. She had received the usual treatment for dropsy, but experienced only temporary relief; the hydropic accumulation still persisting to a varying extent. In this case, the lecturer observed, we have another example of transudation, but instead of blood, as in patients whose cases were described in the last lecture, it consists of the watery portions of that fluid. All the local phenomena of dropsy are present, the part is swollen and pits on pressure. It is what may be termed hydropic, in contra-distinction to other transudations.

It was before remarked, that dropsical effusions may be dependent either on a loss of balance between the exhalants and absorbents of a part, or on some mechanical impediment, or disturbance in circulation, dependent upon a morbid condition of certain of the abdominal viscera. That obstruction to, or disturbance in, the circulation, may give rise to a transudation of the more fluid portions of the blood, is shown by the frequent occurrence of dropsy of the peritoneum, as a result of hepatic condensation or enlargement, whereby the blood is prevented from passing freely through the portal vessels—as a result of enlargement of the spleen, as after repeated attacks of intermittent fever, and of morbid conditions of the heart and kidney. In the case before the class, the dropsy is dependent upon disturbance of the circulation, produced by renal disease. The kidney, as is well known, consists of two distinct portions; one of these, the cortical, has for its functions the secretion of the urine; the other, the tubular, that of conducting the urine to the pelvis of the kidney. In the peculiar morbid state under consideration, there is an alteration in the structure of the cortical or secreting portion of the viscus, which assumes a granular appearance, and has hence been called "granular disease of the kidney," or "Morbus Brightii," after the individual who first drew attention to it. In consequence of this organic change in the great secreting organ, the circulation is disturbed, and as a result of this, effusion takes place into the cellular tissue and into the serous cavities.

This case is one of general dropsy, for there is not only a collection of fluid in the peritoneal sac, but in the general cellular tissue. The abdomen, you may perceive, continued the Professor, is greatly distended, but it does not follow that this distention is produced entirely by liquid. If percussion, indeed, be made over the anterior part of the abdomen, while the patient lies on her back, the sound is resonant—not flat as it would be if the cavity contained only liquid. This resonance is due to the presence of air in the intestines, which float on the surface of the water, and being now interposed between it and the parietes of the abdomen, give rise to the tympanitic or clear sound just referred to. That this is the case, may be proved by continuing the percussion over the abdomen on both sides to the spine, when the sound rendered will be found to become flat when the abdomen is struck over the seat of the liquid; and if the course of the percussion be changed, the resonance will increase until we reach the portion occupied by the intestines only. Should doubt, however, still exist as to the presence of fluid, the patient may be made to sit up, when the water will gravitate to the lower part of the abdominal cavity, where it may be detected by the flat sound on percussion, and the intestines will now occupy the upper portion of the abdomen and cause a clear sound to be rendered. Thus, by causing the water to change its position, we may acquire sure indications of its presence. But there is yet another mode of determining this by percussion. If the fingers of one hand be placed lightly in contact with the abdomen, and the opposite part be gently and quickly struck with the fingers of the other hand, a distinct sense of fluctuation may be perceived. In this case, as these signs are all present, we may unhesitatingly conclude that the patient has dropsy of the belly, or ascites.

[The lecturer here practised percussion over the abdomen, to establish the views he had expressed.]

In this and in almost every case, the dropsy must be considered merely as a symptom, the pathological cause of which is the important question to be determined. In addition to what has been termed the hydropic diathesis or tendency, there usually exists some cause, which, by producing disturbance or irregularity of the circulation, gives rise to the accumulation of the serous secretion. Disease of any of the solid viscera may thus lay the foundation for local hyperæmia, and if the hydropic diathesis exist there will be dropsical accumulation.

Unfortunately the remedies in these cases are not potent, and our indications of treatment are restricted. If there be active dropsy dependent upon too much action of the exhalants, bloodletting, by diminishing the amount of the circulating fluid, may promote absorption, and the fluid may be thus removed. It is in cases of this active character, that such marked benefit results from venesection, followed by other means that diminish the amount of the circulating fluid, such as diuretics, hydragogue cathartics, &c. But in the cases of dropsy that generally occur in eleemosynary institutions, the hydropic tendency is so marked, and the patients of such broken-down habits, that venesection cannot often be resorted to, and therefore other agents must be sought. Generally, diuretics and cathartics are selected. These articles act both as revellents on the intestinal surface, and diminish the amount of the watery portions of the blood, which, as before stated, tends to increase the energy of absorption.

Jalap combined with the bitartrate of potassa; the pulvis jalapæ comp., of the Edinburgh Pharmacopœia, is much employed as a cathartic in dropsy. It produces copious watery evacuations, and the bitartrate is possessed at the same time of diuretic properties. Often, however, in consequence of morbid states of the intestinal tube, our remedies cannot be directed to that surface, and we are compelled to seek some other By common consent the kidney is chosen, and diuretics are substituted for cathartics. Indeed, they must be regarded as the main agents prescribed in dropsy. But here again a difficulty arises in certain cases, as in the present. The kidney also is in a diseased, some think inflammatory, condition, which is probably the cause of the dropsy; and the question arises how far excitants can be safely employed, which act on that viscus?

In such cases, it is probable that mild renal excitants will not be injurious, and hence it is customary to administer an infusion of juniper berries, or a weak solution of bitartrate of potassa, singly or combined, as a common drink. With more propriety, perhaps, resort is had to small doses of squill and digitalis, which prescription the patient before the class is now taking. These and similar articles excite the secretion of the kidney, without stimulating the organ too much, and are often of decided benefit. At present, the patient is using the following pill:—R. Pulv. scillæ, pulv. digital., āā gr. i.; ext. taraxaci, q. s. ut fiat pilula.

One of these to be taken three times a day. The pill has increased the flow of urine and lessened the force of the circulation, but it cannot be expected to effect any change in the organic lesion that causes the effusion; and so long as the cause remains, the effects will continue. The treatment mentioned will be pursued, and its results reported at some future time. No benefit, however, can be expected from any remedy.—*Philad. Med. Examiner.*

Use of the Forceps.—In general it is a very good practical rule, and well calculated to prevent the rash and unwarrantable use of the forceps, "that the head of a child shall have rested six hours as low as the perineum, that is, in a situation which would allow of their application, before the forceps are applied, though the pains should have ceased during that time."—Robert Lee.

STRUCTURAL DISEASES OF THE INTESTINAL CANAL.—SCIRRHUS OF THE STOMACH.

From the Lectures of C. J. B. Williams, M.D., F.R.S.

We have now to consider what may be called the *structural diseases of the intestinal canal.* We have already glanced at many of the modes in which structural diseases take place from inflammatory action, both of the acute and chronic character; and we have had occasion to observe that many functional diseases arise in consequence of previously existing structural derangement, more particularly those diseases of structure that interfere with, and obstruct, the passage of the canal. These lesions naturally interfere with the alimentary function, more so, perhaps, than structural diseases in other organs, unless that disease is very considerable. We have already noticed ulceration as a variety of structural disease, and also thickening of the coats of the intestinal canal. This thickening constitutes a state of stricture, which may exist in the stomach, but more particularly in the intestines. Those persons who have labored under chronic or sub-acute gastritis, frequently occurring, are apt to have their stomachs ultimately thickened; and gastritic dyspepsia, unrestrained by treatment, and re-excited again and again by stimulating food, is apt to lead to this result. In the stomachs of drunkards there is a thickening of the submucous coats, and the muciparous glands are very much enlarged and hypertrophied. When this thickening affects the central portions of the stomach, it sometimes produces no very remarkable symptoms. The most common effect to which this thickening gives rise at the pyloric end, is a difficulty in the passage of the food from the stomach into the duodenum, with painful feelings, and indigestion. An individual, under these circumstances, will offer all the symptoms of scirrhus, and stricture of a malignant character, and this is not to be distinguished so much by the nature of the symptoms themselves, as by the progress and the change they exhibit. The obstruction to the passage of the food causes very painful feelings three or four hours after. If, on the other hand, the cardiac extremity of the stomach is affected (and this is a much more rare case), the œsophagus is not unfrequently implicated, and there is more or less difficulty in deglutition. There is likewise apt to be wind in the stomach, causing flatulence; and these accumulations do not readily escape, whether there be thickening or not. This occurs also in malignant stricture of the cardiac orifice. Stricture may also affect the intestines, as I shall mention afterwards.

I now advert to the general characters of *scirrhus of the stomach.* Scirrhus usually appears to commence in the submucous texture; but it subsequently invades the other textures. The symptoms of scirrhus are very uncertain, and depend very much on the part of the stomach which is affected. There is often pain and uneasiness complained of, and referred to some particular part; and with this, there may be symptoms of obstruction to the function of the stomach. When the disease is at the pyloric end, there is uneasiness, pain, nausea and vomiting, at a certain period after eating. When digestion is completed, and the food has to be passed, then the resistance is felt. Again, with regard to the other, or cardiac orifice, there are symptoms of difficult deglutition, and there seems to be great constriction referred to the œsophagus and the whole throat, with a tendency to expel wind, without the ability to do so. Gastrodynia and pyrosis are present when the affection is at the cardiac end, but are less common than when it is at the pyloric end. Now these symptoms may arise from a stricture of a non-malignant character. They may arise from contraction of the canal, and the consequent obstruction to the passage of the food; therefore, to judge of the presence of scirrhus, we must take other circumstances into account at the same time. The age of the patient must be considered. In most cases, it affects persons about forty or fifty years of age. I have occasionally seen individuals, as young as twenty or twenty-five, affected with scirrhus. In scirrhous affections of the intestinal canal, there is a remarkable complexion generally observed: a peculiar sallow hue of the skin, seeming to arise from a kind of anæmia, or deficiency of blood in the whole system, together with a kind of cachectic appearance; and after the disease has existed for some length of time, this cancerous hue becomes very marked. Then, again, we judge by the permanency of the symptoms. They are much more permanent in scirrhus than in common stricture; for, although common stricture may be a permanent affection, it is liable to be aggravated by temporary causes, such as indigestion, and various articles of improper food. But in the case of cancer or scirrhus, where the disease is once established, there is a tendency gradually to increase—a progressive tendency, which would confirm the suspicion that the affection is cancerous. There is, likewise, more marked emaciation observed in scirrhous affections, than in any other disease, and this becomes a chief means of distinction. There will be found, in connection with scirrhus, in by far the greater number of instances, an appearance of swelling in the region of the stomach, on careful examination. The symptoms of obstruction do not go on long, without the cancerous mass accumulating to such an extent, as to form a perceptible tumor in the region of the stomach. This may be felt in several situations; the most common being between the epigastrium and the hypochondrium. It is when it is seated at the pyloric end, that it produces the symptoms I have already alluded to; pain, distress, and vomiting some time after taking food. On careful examination, when the patient's stomach is free from food, there will be found to be a resisting point, generally between the umbilicus and the right hypochondriac region. Sometimes, the tumor is immediately over the descending aorta, where it occupies the lesser curvature, at the posterior part of the stomach, and it has, in some such cases, been mistaken for aneurism. A pulsation may also be felt here, which is communicated upwards and outwards. In aneurismal tumors, the pulsation exists on all sides, whereas here it only extends upwards, or in a direction upwards and outwards. Then, as I said before, this swelling, in scirrhus, will be attended by various symptoms of chronic dyspepsia, and of obstruction to the passage of the food, three or four hours after eating; and this, in conjunction with constitutional symptoms. When at the cardiac orifice there is, then, uneasiness immediately after taking food, cardialgia, pyrosis or waterbrash, and constriction of the œsophagus. There are also symptoms present, similar to those we find in the more aggravated forms of dyspepsia; frequent vomiting of various matters, sometimes merely food, with a little mucus and bile mixed with it; but, after a while, a black matter is thrown up, something like coffee grounds. This appears to be blood in an altered state; but sometimes hæmoptysis occurs, and blood itself is vomited. This constitutes one of the most distressing symptoms, and, if very severe, it occasions the death of the patient by the inanition it produces. The vomiting is exhausting, both from the quantity of matter brought up, and from the efforts made. Do not, however, suppose that this is always present in cancer of the stomach; cancer of the stomach sometimes exists without any vomiting, or other distressing symptoms, being produced. I have myself had two or three cases of this kind. Vomiting, distress, and so forth, are connected with diseases affecting the orifices, involving the pyloric or the cardiac openings. Remember, too, that the symptoms of scirrhus of the stomach may resemble those of either of the varieties of indigestion I have mentioned. Such, indeed, is the form in which I have seen it developed in the highest degree. It is, here, connected with atonic dyspepsia, a want of power of the organs generally. The tumor, or swelling, when considerable, likewise produces other effects. When at the pyloric end, it very frequently presses on the adjoining parts, as the gall ducts, and hence may produce jaundice; it embraces in its cancerous claws the curvature of the colon, causing stricture of the intestine at this part, and, consequently, constipation. It has been known to involve the veins of the abdomen, and to give rise to dropsy.

The causes of this disease are involved in some obscurity; there is, however, little doubt but that the various exciting causes of indigestion will, in persons hereditarily predisposed, or otherwise in a way we cannot define, develope cancer and scirrhus of the stomach. Habitual intemperance, mental depression, and particular trades—such as that of shoe-makers, from the posture they sit in—such are the exciting causes of the gastritic form of dyspepsia, a low kind of gastritis; and it is in such persons, principally, that the cancerous diathesis seems to be developed. There is but little doubt, that inflammation, long continued, or frequently repeated, will develope scirrhous disease in persons of a bad constitution.

The treatment of structural disease of the stomach will be very similar to that adopted in the different varieties of dyspepsia, modified according as one or other of the above-mentioned symptoms become developed. One reason why I dwell more fully on the treatment of functional diseases, is, that these latter are always more or less predominant in connection with structural disease. They are not to be distinguished one from the other, generally speaking; the treatment, applicable to scirrhous and structural diseases, is that available in gastritic dyspepsia, or chronic gastritis. When there are symptoms of obstruction to the passage of the food, it is at once suggested to us, that lighter aliment ought to be taken; the quantity used at a time should be small, and not in too compact or solid a state. It should be liquid or gelatinous; jellies and broth are useful. It is also necessary to aid the digestive process by nutritive injections; as the stomach cannot contain enough food to nourish the body, it is found useful to inject broths and gruel, in sufficient quantities, into the rectum daily. When the pain is severe, of an inflammatory character, and is accompanied by great tenderness soon after eating, local depletion and blisters may relieve it; and when of a more permanent or specific character, then narcotics are necessary. The narcotics that answer best are: conium, henbane, aconite, stramonium and belladonna. Opiates should be our last resource: for, although more powerful than any others, they derange the health more, and constipate the bowels. The symptoms, too, are sometimes relieved by such remedies as I have stated to be useful in chronic dyspepsia: such as nitrate of bismuth, and nitrate of silver, in small doses. The vomiting, as well as the pains, may be relieved by a little hydrocyanic acid; salines and alkalies are sometimes useful. It is necessary, in these cases, as in dyspepsia, to get the bowels regular; and, therefore, we should use aperients, and even mercury in its mildest forms, to unload the liver.

Organic and *structural diseases* of the *intestines* come under the same remarks as the corresponding diseases of the stomach, whether non-malignant or malignant. The non-malignant may arise from the different causes I have mentioned: a thickening of the submucous coat, which may increase to such an amount as almost to obliterate the canal. When obstruction takes place, then the mischief and disturbance begin. This thickening or deposit has a tendency to contract. The stricture does not take place all at once; the patient may live for years, the stricture meanwhile gradually accumulating, so as to reach its greatest degree: the tissues gradually contract, and thus diminish the canal: the patient, by degrees, finds the necessity of taking food of particular kinds, so as to keep the bowels in a relaxed state, and the mode of life is adapted to this remarkable change of structure. It is just the same in structural disease of the heart. Structural disease may, likewise, consist in adhesions from false membranes, deposited on the surface of the peritoneum, and hernia and intussusception may be thus formed. The inflammations, whether of the acute or chronic character, that originate all these changes of structure, very commonly commence in the colon, the rectum or the ileum. It is necessary to be very guarded against attacks of enteritis, to subdue the pains, and keep the bowels in a free state for some time afterwards; because the causes of obstruction and stricture may, at any time, be developed from obstinate constipation, and its consequences—colic and inflammation. Remember what I said with regard to colic. When fæculent accumulation takes place above the stricture, it is difficult to get rid of it; though, so long as the fæces pass this point, and the peristaltic action is complete, they may be rejected: but, should accumulation take place, then there is obstinate obstruction and colic, ileus and inflammation, terminating in perforation, exhaustion and gangrene. Ulcers are frequently observed in the neighborhood of the strictured parts. There is a tendency of the ulcers to form fresh passages by perforation, and sometimes fatal consequences have ensued from this cause. Fistulous abscesses have communicated with the external parts, and an artificial anus is thus produced. Sometimes, the matter does not empty itself into the peritoneum, but it gets between the muscles of the abdomen, or under the integuments, forming intermuscular abscesses, extending over a large surface. Now, malignant disease, or scirrhus, of the intestines, is, generally, gradual and progressive; when once established, it grows independently of the application of exciting causes, and consequently the symptoms gradually increase, and become more aggravated. Tumors may often be found in various parts in connection with this disease. They are, however, found in other states, in the region of the intestines; and we often meet with large tumors in the right iliac region, as also in the left, which are not removed when the bowels are put into a quiet and natural state; the constipation is removed, but the tumor still remains, and is often the seat of great uneasiness; and this appears to depend on a considerable thickening, not only of the intestine itself, but also of the adjoining parts. In the case of scirrhus, the tumor is of a more definite character, and harder, and is felt more distinctly. In scirrhus of the rectum, the evacuation of the fæces is rendered more difficult. The treatment of stricture of the intestines is suggested, in some measure, by that of the stomach. It is of importance not to administer too much food at one time; the diet should be restricted to small quantities, frequently repeated, chiefly of milk, containing mild farinaceous food, and a small quantity of animal matter, neither much in bulk, nor too stimulating in quality. It is of the greatest consequence to keep the bowels free, and to maintain the fæculent matter, throughout the intestines, in a slightly liquid state. The difficulty is to keep the stools in a proper state, and to give medicines that do not irritate much. The medicines which answer best, are: castor oil, sulphur, sulphate of potash, and the milder forms of pills: such as, rhubarb, with a small quantity of gamboge and colocynth, diluted with soap, and combined with a little conium or henbane, and a small quantity of blue pill now and then added. It is often necessary to aid the operation of all these, by injections. These medicines should be taken habitually: it is not enough to take them occasionally, but they should be daily administered. Some kinds of food are found greatly to assist the bowels. Scotch porridge, taken at night, will have this effect; and barley gruel, taken freely as an article of diet, instead of weakening, will be found to strengthen, the stomach. Confection of senna is also a very good medicine in these cases. In stricture, or obstructions from thickening, which are not scirrhous, great relief is often obtained from repeated doses of mild mercurials, which, if they do not remove the obstruction, certainly seem to check its progress. When a person has had a bad attack of constipation, the bowels are very apt to be out of order for some time afterwards; obstructions are apt to occur from time to time. The patient, here, requires the gentle influence of mercury, repeated at each recurrence of the attack. In the case of scirrhus, the advantage from the use of mercury is not so great, and it is necessary to use narcotics.—*London Medical Times.*

INFLUENCE OF LIGHT ON VEGETATION.

Philosophers have long ago determined that light consists of vibratory, undulatory, or wave-like movements, which take place in an ethereal medium existing everywhere. It is a more recent discovery that these vibrations are the first origin of the vegetable world. In the work to which I have alluded, I have given the details of this most interesting connection. Out of a limited number of ponderable substances, such as carbon, nitrogen, hydrogen, oxygen, and a few others, all kinds of organized structures are formed, and there is an extensive machinery to collate and group together these different bodies. Light in itself can produce as many different effects as there are possible combinations of color, for each one of its rays has peculiar powers of its own, and it is also attended by other invisible and imponderable principles which have their modes of action. An organized structure of a given kind is therefore the result of the operation of many of these forces, and is an expression of the aggregate action. In the full development of a perfect tree there has been expended a measured quantity of forces of light or of heat, and the organized mass as it stands before us in the product of those forces, is the resultant of millions of vibrations of the luminiferous ether, which have acted upon ponderable atoms; vibrations, which have stood in a certain relation to each other, as the symmetry of the vegetable parts indicates. In the operations of human agency something of the same, though of a grosser kind, may be seen. We have not, it is true, the power of calling into existence, or of determining in an enduring shape, or of giving an embodied form to material atoms; but in the same manner that nature, operating through ethereal undulations, creates the various forms of vegetable life, there has been committed to us a control over those grosser undulations which move in atmospheric air, and constitute sound. The imagination, the genius of the great masters of music, have already grouped together combinations of these waves, which are destined to an earthly immortality; combinations, which, when once heard, leave their indelible impression on the memory, and are to us an embodiment of symmetry and harmony. These ideal creations which exist only for the mind, are analogous, in very many points of view, to those more tangible creations which are formed by ethereal waves, and which nature has reserved in her own hands. The symmetrical or beautiful forms which are transmitted to the brain by the eye, appeal at last to that same, that common principle which receives melodious or harmonious sounds transmitted by the ear; and the creations of human genius, whether they be expressed in the language of music or painting, whether they are heard in the cathedral or seen on the canvass of Claude Lorrain, give us pleasure, because their final impression is made on a mathematical organ, which is so constructed as to appreciate whatever is symmetrical in position, whatever is graceful in figure, whatever is harmonious in movement.

From this point of view, therefore, I look upon the vegetable world as an embodiment of the action of ethereal agents. A tree, when covered with blossoms in the spring, or laden with fruit in the autumn, is a resultant of the play of those active forces which have been emitted by the sun; an expression of what has been done by vibratory movements operating on ponderable molecules. As soon as the young plant has exposed itself to the solar beam, growth rapidly begins to take place, and organized matter to be condensed from the air, and now a green color is developed, and the stem elongates, and leaves are put forth. In carrying forward all those multiplied operations which have ended in these events, its leaves and its stem have gone upward in search of light—light which has symmetrically arranged their parts and furnished their substance. But these general views are far from giving us an accurate idea of the forces that have been expended or the motions which have been executed in producing the result we contemplate. A forest tree, from its magnitude, rising perhaps a hundred feet from the ground, and spreading its branches over hundreds of square yards, may impress us with a sense of sublimity; a section of its stem might assure us that it had lived for a thousand years, and its total weight could only be expressed by tons. An object like this may indeed call forth our admiration; but that admiration is expanded into astonishment, when we come to consider minutely the circumstances which have been involved in producing the result. If we conceive a single second of time, the beat of a pendulum, divided into a million of equal parts, and each one of those inconceivably brief periods divided again into a million of other equal parts—a wave of yellow light during one of these last small intervals has vibrated five hundred and thirty-five times. And now that yellow light is the agent which has been mainly involved in building up the parts of the tree, in fabricating its various structures, and during every one of a thousand summers, from sunrise to sunset, the busy rays have been carrying on their operation. Who, then, can conceive, when in the billionth of a second such enormous numbers of movements are accomplished, how many have been spent in erecting an aged forest oak? Who also can conceive the total amount of force employed, from century to century, in arranging the vegetation of the surface of the globe?

I therefore regard a planetary body like the Earth, in its orbitual revolutions round the sun, as a predetermined focal centre, on which the emanations of that star shall be expended, first in producing vegetable organization, and finally in lending their aid to the evolution of animal intellect. The forces which Newton revealed, as urging such a body forward, or causing it to glide in its elliptic path, appear only as an incidental though essential part of the mechanism of the universe, the interest of which disappears in that higher interest which must attach to whatever stands in intimate connection with organization and vitality. Those many-colored luminous wavelets, which are ceaselessly crossing the interplanetary spaces, go forward on an appointed errand, and sooner or later discharge their final task; nor are the planets in the solar system a colony of opaque globes rotating without purpose or end around the central attractive mass. The solar system is an orb of movement and light, full of vibrations of every tint, visible and invisible, which here and there envelops and enshrouds revolving points of organization and life.—*Dr. Draper's Introductory Lecture.*

THE PUTREFACTIVE DEGENERATION OF POTATOES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—From the peculiar appearance and extent of the disease, which has in many instances destroyed the present annual crop of one of our most valuable vegetable productions—the potato, I have been led, from motives of curiosity and the desire of preventing a like recurrence, to examine evidence which I have gleaned from various sources, and such as I have been able to obtain from personal observation and experiment; hoping to find sufficient concurrent testimony to discover the cause, and furnish a remedy for its prevention in future years. It first became known along the alluvial districts of the Mohawk and its tributaries, but has since been found to extend as far east as the western counties of Maine; although to the east of the valley of the Hudson, it has proved less destructive, having only in a few instances destroyed the entire crop of a field. Farmers have generally thought that the potato thrived best on low or alluvial soils; and by tracing facts relative to the disease, it has been found that those cultivated on low grounds bordering on rivers or streams subject to inundation and the wash of the highlands, are those which have been the most extensively affected—while those planted on the hillside, or table land, are of superior quality and perfectly free from disease. And if there are no exceptions to the statement, and I have heard of none, our conclusions would be that the cause pertained to the atmospherical vicissitudes peculiar to the season, from the following reasons. First, potatoes have in former years yielded larger and fairer crops when planted in damp soils: secondly, they are less subject to the attacks of worms, and are only affected by severe droughts. And from the testimony of farmers during the early part of last season, the prospects for the potato crop were unusually fair, and they continued to thrive until the first of August, when other kinds of vegetation were apparently recovering from the drought, and then the vines first gave signs of premature decay. The potatoes, however, for some time after the decay of the vines, continued apparently sound, and the farmer anticipated a large crop, attributing the blight of the vines to the early ripening of the potatoes, from the favorable character of the season. By following the usual custom of gathering them from the highlands as they became ripe, for daily consumption, and the early market, the disease had destroyed, in many cases, a large proportion of the lowland crops before they were known to be diseased; and when discovered, the novel character of the disease entirely baffled all attempts for the preservation of the remainder. But from the knowledge which we are able to obtain of its history and pathology, we may protect future crops when subject by like circumstances to a similar attack.

The disease, so far as I have been able to discover, is merely a putrefactive presentation, predisposed by the rapid growth of the potato during the early part of the season, causing a predominance of the watery constituents; and the exciting cause appears to have been the continued moisture during the latter part of the season, with a warm temperature which served to separate the particles, and caused them to act freely upon each other. The poisonous principle ascribed to them is probably the solania of Dr. Julius Otto, who was induced to make an investigation, from death occasioned among cattle by feeding on diseased potatoes, and he obtained the above principle as the result of his inquiry.

As soon as the disease became known in this vicinity, I obtained specimens of the potato in its various stages of decay, from different fields, for the purpose of experiment, and I found invariably that the putrefactive process became arrested in those which were but partially affected, when the potato was placed in a situation free from moisture; but when gathered and thrown into heaps, according to the usual practice, the infection soon became general, and the presence of carburetted hydrogen became sufficiently evident to the senses. The animalcule supposed by some to be the original cause of the disease, did not appear until generated during the latter stages of the putrefactive process. From an analysis of potatoes obtained from lowlands, there was usually found a predominance of the watery constituents: and when the opposite obtained, they were less liable to become infected by situation.

Should the above theory prove true, a secure protection would be obtained by having the land properly drained to prevent the water from standing in pools, after the ground has become saturated, or by the seasonable use of clay or lime. Yours respectfully, AGRICOLA.

Derry, N. H., Nov. 23d, 1844.

TREPHINING.

[Communicated for the Boston Medical and Surgical Journal.]

MR. WEBSTER, a man about 33 years of age, of temperate habits, a tolerably strong constitution, and of an even unirritable temper, was on the 20th Sept. last, kicked and stamped by a horse in his stall, wounding and bruising him severely on every part of his body and limbs; his fibula was broken, and the corks of the horse's shoes penetrated the integuments of his head in three places, laying the skull bare for an inch in each. In one of these, at the superior extremity of the occipital bone, the heel cork penetrated the skull, driving in a piece of bone just the size of the cork, about one sixth of an inch. No fracture extended either way from it. The piece remained firm, and it was impossible to introduce the sharpest-pointed instrument between it and the skull. Mr. W. was in a comatose state, without stertorous breathing, about one hour; when it was resolved to trephine to raise the depressed bone. During the denuding of the surface, he bled freely, and when about half the depth of bone had been penetrated by the trephine, he manifested signs of sensation, and a partial knowledge of his condition. The operation was completed, and a depressed portion of the inner lamina raised, which was depressed half an inch by a fracture extending from the depression of an uncertain extent (as it was deemed imprudent and without benefit to examine). After twelve days Mr. W. commenced doing business as usual, except by the use of crutches in consequence of lameness.

Query.—Was the danger of inflammation of the brain from the spicula of bone driven in, or from any other considerations, sufficient to justify the operation, without the symptoms of compression more fully manifested? Should more time have elapsed before proceeding to operate, if done at all, considering the lacerated and bruised condition of the patient? R. C.

Elizabeth, Joe Davies Co., Ill., Dec., 1844.

CALOMEL AND COLD AFFUSION IN TYPHUS.

[The treatment of typhus fever described below is that pursued by Dr. Joshua Burgess, of London, who relates it in a recent number of the London Lancet.]

The access and progress of typhus is slow, and the predisposition in the constitution must be strong, and of long duration; and the last has probably more influence than any contagious influence whatever. The elements of disease have been accumulating through the media of bad or low diet, bad clothing, intemperance, exposure, malaria, anxiety,

> "———and the thousand natural shocks
> That flesh is heir to"—

till some slight and accidental disturbance, either gastric, hepatic, intestinal, or cerebral, calls them into action, and the whole train of phenomena which constitutes the typhus type becomes developed. In the milder cases, the febrile paroxysm is of the remittent character, in its worst forms; when it becomes continued, the arterial, venous, capillary, and exhalant vessels are highly congested; and only that the indistinctly-marked stages of rigor or collapse are succeeded by febrile accessions of an intense character, the state of comatose lethargy so characteristic, may be justly compared to a living death.

In this condition, when the vital powers have become nearly subdued, neither mild nor temporizing remedies will rouse the slumbering functions: an impulse must be speedily obtained, directly, through the vascular system, and indirectly, over the ganglionic and cerebral functions; this is best obtained by large doses of calomel, aided and succeeded by cold affusion.

Calomel, in large doses, acts proximately as a sedative, without losing any of its well-known valuable qualities as an alterative, upon the absorbent and glandular structures. The first good it produces is, sound, calm, undisturbed sleep, to which the patient has been long a stranger, during which the ganglionic, absorbent and glandular systems are silently invaded by its alterative agency; the intestines become filled with secretions, ready to be removed by any mild cathartic, (e. g. small doses of neutral salts), exhibited periodically and regularly, to make them potent; the dose of calomel should be renewed every night (without any other medicine, only the neutral salts, in solution with infusion of senna and mindererus' spirit), and repeated till the functions approach their normal state. The cold affusions over the naked surface of the body are to be practised daily, by throwing over it, while in a sitting posture, a bucketful of cold water, during the acme of the febrile paroxysm.

The breathing becomes more free, and the stertor, so frequently present, gradually subsides; the pulse, from having been oppressed and feeble, yet quick and wiry, becomes compressible, free, and bounding, increased in volume, and diminished in frequency; the peculiar expression of countenance, now collapsed, anxious, and cadaverous, with a cold, leadlike, lack-lustre expression, the eye injected, and the sardonic grin and incoherent mutter quivering on the lip, also subside; the subtultus tendinum and picking of the sheets also cease, and a profuse sweat pervades the surface, the skin becoming relaxed, soft, and elastic, and its temperature gradually restored to a uniform healthful and natural condition.

If cold affusion be supposed to have no specific agency—which I nevertheless think it possesses—in stimulating and strengthening the capillary and exhalant vessels, and the vascular and nervous systems, thus giving tone to the function of the heart, equalizing the circulation, and removing congestions, it at any rate possesses that quality which has already been so successfully excited in the gastro-enteritic systems—of washing away and effectually removing morbid secretions—of opening the mouths of the exhalants, and restoring transpiration, so long interrupted, and which very probably has acted as a remote cause of disease.

One of the phenomena attending the results of this practice is, the wonderfully increased action of the absorbent system; the absorbents appear to become rapacious and greedy, and when, from their previously impaired state, effusions or morbid deposits in the tissues have taken place, this increased action becomes singularly developed in their rapid removal.

The ascaris lumbricoides very commonly infests the intestinal and alimentary canals in typhus, as also in the infantile fever of children, when the slimy secretions are in both instances characteristic of the attendant disease, and in both of which their expulsion, or creeping away, is the harbinger of recovery.

The mercury remains too short a time in the system to produce any specific irritation, or hypercatharsis; the intestinal canal, having long been torpid and insensible, renders the calomel comparatively inert as a cathartic, covered as it and the whole of the alimentary passages are with slimy mucus, and its sedative influence on the ganglionic system passively producing profuse secretions, the passages become a vortex, renpered potent by the Epsom, Glauber's, or other neutral salts, the natural sensibility of the passages being only perfectly obtained after the necessity has ceased for the administration of the large doses of calomel, and the whole quantity of the calomel taken has been detected again in the stools ("partly as sulphuret of mercury"), and from its difficulty of solution no doubt can exist of its being in this state wholly rejected in the stools, although in its progress it has produced decided and important results.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 1, 1845.

Lectures on the Theory and Practice of Medicine.—Within few days, the publishers, Messrs. Barrington & Haswell, of Philadelphia, have presented the medical public with a third edition of the celebrated *Lectures on the Practice of Medicine*, by John Bell, M.D., and William Stokes, M.D. The first gentleman is known for his profound attainments, and the accuracy and ability which he brings to bear on all subjects on which the powers of his mind are exercised. The other, a resident of the city of Dublin, has rarely been excelled in writing on the practice of medicine. When the former editions were issued, a heartfelt pleasure was expressed at their appearance; and we have equal gratification in seeing that they were appreciated by the medical public—the evidence of which is certain, from the circumstance that this improved and enlarged edition is required to meet the demand.

These acceptable lectures are in two large, compactly-printed octavo volumes; one contains 728 pages, and the other 802. Probably all the trade in Boston are furnished with copies, where our country friends can send their orders. Messrs. Ticknor & Co., Saxton & Peirce, Jordan, Wiley, &c., have them, together with an excellent supply of medical works in general.

Medical Education—Dr. Lee's Introductory.—On assuming the duties of the chair of General Pathology and Materia Medica at Geneva College, western New York, Dr. Charles A. Lee, the incumbent, as is customary on such occasions, gave an introductory lecture. He selected for his subject, medical education—which, though far from being a new topic, was handled by him with such originality and strength as to have elicited the highest marks of approval from a brilliant class, who published the whole at their own expense. Dr. Lee excels in the discussion of questions that involve great principles. In treating of medical education, an opportunity was afforded for exhibiting the leading features of a well disciplined mind. The lecture was a happy effort, and the subject was brought forward under circumstances favorable to the dissemination of principles, on which the value of medical character, or at least of medical qualifications, depends. Those who heard it, enjoyed an intellectual entertainment; and all who have the pleasure of reading it, will discover that the author thinks and acts with feelings of responsibility, both to society and to his Maker.

General Principles in Medicine—Dr. Childs's Introductory.—Dr. Childs gave an introductory on this subject, on taking the chair of Obstetrics and the Diseases of Women and Children, at Willoughby University, which is characterized by his usual vigor of thought and comprehensive views of the principles he is successfully teaching. The doctor gives us all a back-handed blow, which, in a measure, is deserved. Hear him. "But on my own profession I would charge the bulk of the sin of giving currency to medical quackery. The community have seen the want of principle displayed in the regular profession; they have seen the physician prescribing by routine—often thwarting the recuperative efforts of nature, and seeking a cloak for his ignorance in the formidable technicalities of his craft; then, sickened with the empiricism *within* the profession, they have turned to the bolder ignorance *without*, wisely preferring the chance of relief from a *professed quack*, to the certainty of death, *secundem artem*"! We really don't know which party will make the author governor for this. It pleases, in a degree, both the regulars and irregulars—perhaps upon the principle that misery loves company.

Travels of a Surgeon.—Dr. F. H. Hamilton, of the surgical chair in the Medical College of Geneva, having lately returned from Europe, appears to be filling up leisure hours by giving graphic accounts of his travels. In the Geneva Courier of December 10th, he has described his passage of the Alps at Simplon, with thrilling effect. If the doctor would construct a guide-book for American medical travellers in France, Italy, England, Scotland, Ireland, &c., in which objects most worthy of their notice, as physicians, were pointed out—in location, the way of obtaining access, and the expense that would probably follow from a sojourn of six months to a year, it would be a popular affair.

Teeth Almanac.—What has an almanac to do with the teeth, or teeth with an almanac? And yet by looking over the miniature pages of a little work with this title, just published in Boston, sage advice may be found in regard to their preservation. The author is abroad in the world another year with his waistcoat-pocket prompter, which tells the phases of the moon, the high and low tides of the sea as well as of the affairs of men; and, finally, ingeniously answers the great end of the proprietor by showing the public the location of his office.

New Surgical Instruments.—By referring to page 425, in last week's Journal, it will be seen that Dr. Smilie's inventive genius is still in a state of activity. Both the seton and the post-mortem needles, which he contrived some time since, are now extensively manufactured by the surgical instrument makers of this city, and admired for their utility. He may have been equally successful in the contrivance of the strabismus knife and probang. His own description is better than our own would be, and his letter, therefore, although not apparently designed for publication, was printed in full. Model instruments, accompanying the note, are at the service of cutlers who may wish to make them. Dr. Smilie is certainly without a competitor, at present, in devising useful, convenient, economical surgical instruments. The Medical Society of New Hampshire should make some acknowledgment for these beneficial efforts of one of its members. The late Dr. Luke Howe, also of New Hampshire, was remarkable for his mechanical tact and skill in making important improvements in the same line, whom the Society should have honored with a gold medal; but we have no recollection that there was even a resolution to thank him for the benefits he had conferred both on surgeons and patients.

Office Furniture of the Physician at the West.—Dr. Drake, in his Introductory Lecture, at the present term, in the Louisville Medical School, when alluding to the principles which should guide the young student after taking his degree, uses the following language, which we trust is not a literal description of anything he has seen in his late travels.

"My firm opinion is, that one of the causes which retard us, in raising our profession in the West and South, to an excellence which at present seems almost hopeless, is the style in which our offices are fitted up and kept. Who can read and think, with method, or sound logic, while everything around him is dirty and disordered? His little stock of furniture displaced, as if a riot had just passed away; his books scattered on chairs, tables, and the greasy medicine shelves; in his book-cases, volumes of different sets mixed together, some lying flat, and some, like the ideas of their reader, up side down; his skeleton exposed, and joint after joint torn off; his few injected preparations, unvarnished as my narrative, and worm-eaten as the books of an old doctor; his medicines unlabelled, and thrown into a chaos, as great as a treatise on the Materia Medica in the 14th century; bundles untied, and bottles left uncorked, or stopped with plugs of paper; dead flies in the ointment within his jars, while others are wading through that which has lain so long spread over his counter, that their feet are blistered by its rancidity; his spatulas foul and rusty; his scales tied with strings and balanced with pieces of paper; his mortar about as clean as the ancient Kentucky hommony block, which, in the same day, contained the food of the family, and of the family cow and horse, as it stood convenient to all the parties, on neutral ground, near the door of the cabin; his surgical instruments oxidated and rusting away, like his mind; his study table, covered with loose papers and medical journals (even the WESTERN) with their covers torn off; his walls overspread with a tapestry of cobwebs; his windows as opaque from the dust as the painted glass of an ancient cathedral; his foul candlestick standing all day on his lexicon, and his floor spotted over with the blood of his surgical patients and his own tobacco juice!

"The human intellect cannot act when thus encompassed. Ideas will not arrange themselves; nor will their foul surfaces cohere. The scene re-acts upon his mind, and a chaos within rivals that without."

Smallpox and Vaccination.—J. Curtis, Esq., one of the Parish surgeons of St. Pancras, England, gives the following among other results of his observation.

"With respect to the power of vaccination, I am of opinion that it modifies smallpox, if performed at any period previous to the appearance of the eruption, and probably even a day or two afterwards. Therefore, whenever an opportunity occurs, I always vaccinate persons infected with smallpox, even though the eruption shall have begun to make its appearance.

"In the spring of the present year I had fifteen cases of smallpox among my parish patients. One was sent to the Smallpox Hospital, and therefore must be left out of the calculation. Of the 14 remaining patients, 1 was 30 years of age, the others under 8 years; not one had been vaccinated previous to infection by smallpox; 5 were vaccinated after infection, and had the two eruptions going on together; and 1 only out of the 14 died.

"Upon looking back to the account kept of my parish patients for the last 12 years, I find the mortality in cases of smallpox among the unvaccinated to be about 1 in 6.

"Supposing my calculation of the proportion of the population vaccinated to apply generally, and also Dr. Gregory's account of the relative mortality of the vaccinated and unvaccinated, the relative chances of death from smallpox of the two classes may be stated thus:—

"Of 300 of the population, 200 are vaccinated; 100 take smallpox naturally, and 20 die.

"Of the vaccinated, an equal number, or 100, take smallpox, and there die 10, being 5 per cent. of the vaccinated. Therefore, the vaccinated have six times the immunity from smallpox that the unvaccinated enjoy.

"I have seen many cases of smallpox after vaccination, but very rarely a death from that cause; in fact, many of these cases required no medical treatment at all."

Vaccination in Italy.—Count Palffy, the governor of the Venetian provinces, has communicated to Mr. Tatum, the English vice-consul at Venice, his determination to order an annual payment of fifty florins (about £5 sterling) to be made to the Royal Jennerian and London Vaccine Institution, on condition, however, that there be sent out two packets of the vaccine lymph yearly, the one to arrive in the month of March and the other in October. The intention is to extend vaccination as much as possible in this part of Italy, where it does not at present appear to be well understood; and it is considered desirable on that account to obtain, from the original source, periodical and abundant supplies of the lymph for distribution. It has been found that the matter, as commonly made up between flat glasses, seldom succeeds in this country, and it is requested that the supplies sent may be in *hermetically-closed bulbs.* The vaccine operation very frequently fails in Venice, and it appears very probable that during the *sirocco,* or prevalent south-west wind of this country, the constitution is not in a state to receive the impression, and as this wind is characterized by both heat and damp, it may find its way between the flat glasses, and destroy the effect of the lymph. The same cause may account for what these medical men generally assert, namely, that they *cannot depend on matter* which has been *several times transferred from subject to subject*, and hence their need of fresh supplies.—*London Lancet.*

Treatment of Scarlet Fever.—At a late meeting of the Westminster Medical Society, the subject of scarlet fever and scarlatinal dropsy was discussed. Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and to control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, then very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.

Medical Miscellany.—At Toronto, Upper Canada, the exercises of the College were recently suspended in consequence of the sickness of the pupils.—Dr. G. P. Judd holds the appointment of minister of foreign relations under the King of the Hawiian Government.—An *itch institution,* for the cure of that disease, has been opened in London, which has been the cause of angry feeling in the neighborhood; owners of estates near by call it a nuisance.—In Northern Abyssinia nearly all the inhabitants, it is said, are afflicted with tape worm. Although the kosso, the flowers of a native tree, expels them, it is necessary to resort to that antidote once in about two months, to maintain health.—Dr. Broughter, in some way identified with the anti-rent troubles in Western New York, has been committed to jail.—The village of Cadiz, Ohio, has been sadly afflicted with erysipelas.—Dr. Ellsworth, of Hartford, Conn., recently amputated an arm near the shoulder, under peculiar circumstances.—A Dr. Ewer, of Ulster Co., is lecturing successfully in New York against quackery. Why not visit Boston?—Dr. John Beadell, who was sent to the State Prison in 1842, for counterfeiting, has been pardoned out.—Another attempt is to be made to reprint the London Lancet in New York, at $5 a year, in monthly numbers.—A writer in the London Lancet manages blisters as follows:—The common empl. canth. is spread very thin on paper or soft linen, with a few drops of olive oil rubbed on the surface of the spread blister. He finds this mode far preferable to that of spreading thick on leather, and covering the surface with powdered cantharides.

MARRIED,—In New York, Dr. G. F. Huntington to Miss F. Cleland.—Dr. Samuel Clark, of New Providence, N. J., to Miss Mary Noe.

DIED,—At Sturbridge, Mass., Dr. Abishai Howard, 71.—In Baltimore, Dr. Henry Miller, found dead in his yard—a supposed case of apoplexy.—At Vienna, Dr. Ritter Von Scherer, the celebrated Professor of anatomy and physiology.

Number of deaths in Boston, for the week ending Dec. 28, 44—Males, 18; Females, 26. Stillborn, 1. Of consumption, 9—croup, 3—teething, 2—pleurisy, 1—disease of the brain, 1—lung fever, 3—infantile, 3—scarlet fever, 1—typhus fever, 2—intemperance, 1—hæmorrhage, 2—debility, 1—canker in the bowels, 1—inflammation of the bowels, 1—apoplexy, 2—accidental, 1—cholera infantum, 2—cancer, 1—dropsy on the brain, 1—worms, 1—tumor, 1—fits, 1—sudden, 1—unknown, 2.

Under 5 years, 15—between 5 and 20 years, 7—between 20 and 60 years, 18—over 60 years, 4.

A New System of Cranioscopy on a Scientific Foundation.—Dr. Carus, whose rank as a physician and physiologist entitles everything which proceeds from his pen to respectful consideration, has recently put forward some new and interesting views, under the above title. They have appeared in the Medical Gazette, and Dr. Thurnam, of York, introduced the subject to the medical section of the British Association at its meeting in that city.

"He adverted to the recognized importance of a knowledge of the true signification of the size and form of the different elements, or distinct divisions of the brain or encephalon, in the study both of its healthy and abnormal manifestations; but expressed his opinion that the "phrenology" of Gall and Spurzheim had failed, as regards its details, in carrying a conviction of its truth to the minds of a great majority of those who, from their acquaintance with the anatomy of the brain and with general physiology, can be regarded as competent judges of the question. He contended, however, that the phrenology of these authors had been of great service in establishing some truths new to science, and in directing attention to the subject; but still thought that their phrenology may be regarded as holding very nearly the same relation to the true science, as in former days alchymy did to chemistry.

"He read several passages from Dr. Carus's discourse in support of the principal inferences of that distinguished physiologist.

"1st, That the encephalon (as shown by the comparative anatomy of man and other mammalia) consists primarily of three pairs of ganglia or nervous centres—viz., 1st, the *cerebral hemispheres;* 2nd, the *corpora bigemina*, or *optic lobes;* and 3rd, the *cerebellum.* That, as shown by the experiments of Flourens and others, the hemispheres of the cerebrum are connected with, and are indeed the organs of *perception*, the optic lobes of general *sensation* (feeling and the passions), and the cerebellum of the *will*, or voluntary power.

"2ndly, That the development of these elements of the encephalon, and the consequent vigor of their connected functions, is, within certain limits and under certain qualifications, indicated by the corresponding development of the three regions or vertebræ of the cranium, within which these three pairs of nervous ganglia are contained as within their proper skeleton—viz., the *frontal*, the *parietal*, and the *occipital vertebræ.*

"And 3rdly, That the development in different directions—viz., in height, width, and length, indicates different tendencies and qualities in these three great organs or divisions of the brain."

Cases of Intus-susception.—Dr. Wm. Merriman related the case of a child who was taken suddenly ill, and appeared to suffer in the bowels; a good deal of purgative medicine was given without causing any stools: it died at the end of four days. On examination of the body, intus-susception was found, the cæcum, together with its vermiform process and the ileo-cæcal valve, having passed into the colon.

Mr. Snow had assisted at the *post-mortem* examination of a child that died of a similar intus-susception, but to a greater extent, for the ileum passed into the colon as far as the commencement of its sigmoid flexure; the coats of the intestines were much swollen from congestion. He considered plentiful enemata, administered early, would be likely to remove these intus-susceptions situated in the large intestine.—*London Lancet.*

THE

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ON FEVER.

By Thomas Hodgkin, M.D., London.

[Communicated for the Boston Medical and Surgical Journal by the Medical Department of the National Institute, Washington.]

To Thomas Sewall, M.D.

My Dear Friend,—On thy return to Washington I shall be obliged by thy expressing to the members of the American Institute my grateful sense of their kindness and esteem in electing me a member of their body.

I admit the justice of thy remark that a member should be expected to contribute to the papers of the Society in which he is enrolled, and I would gladly comply with thy request to let thee be the bearer of my contribution, if I were already prepared with an original paper worthy of the Society's acceptance. It is rather to prove my readiness to adopt thy suggestion, than with the expectation of now producing such a communication as I should wish to make, that I proceed to put to paper a few observations on the subject of Fever, to the pathology of which my attention has long been turned.

Within a year or two I have been much interested by some excellent articles on this subject which have been produced by American physicians; and by taking up the subject in allusion to them, I shall be affording some little proof to thyself and thy colleagues that your writings are not unknown or unappreciated on this side of the Atlantic.

It will, I believe, materially contribute to the intelligibility of my little paper (which, I fear, I must commit to thy hands in a shorter compass and a less finished state than I like), if I refer to the latter part of my second volume on "The Morbid Anatomy of the Serous and Mucous Membranes," of a copy of which, I must ask thee to be the bearer for your library.

It is well known that the important labors of Broussais, though they were not the first to call the attention of medical men to the condition of the alimentary canal in common fever, gave an importance to the subject, and inspired a zeal for the investigation, which has never before been so general, or so operative. The term gastro-enterite then became to his numerous disciples, not only in France but in other countries, almost, if not wholly, synonymous with fever, including all its varieties, from the simplest gastric disturbance, to the worst forms of epidemic typhus and jail fever which medical authors had described.

Considerable practical good, though not unmixed with some evil from overstrained apprehensions, resulted from this attention to the disturbance of the alimentary canal in fever; but the greatest advantage which our profession has derived from the new doctrine has unquestionably been, the stimulus which it has given to more extended and more accurate pathological investigations, which have been conducted with the assistance of far more correct knowledge, both of healthy and diseased structure. I shall not attempt even to enumerate the laborers who have been advantageously engaged in this field, my object being more particularly to notice those of Professor Louis in Paris, and of some of his disciples in America, in relation to one particular conclusion at which they have arrived.

The observations of Professor Louis are entitled to the highest respect, not only from the personal character of their author, but from the unexampled perseverance and systematic character with which they have been carried out, and the influence they have exerted in establishing a new and important mode of conducting pathological inquiries.

The most remarkable result at which he arrived from his personal observation, was, that in every case of fever the patches of aggregate glands towards the termination of the ileum were in a state of inflammation, and that the acute inflammation of these textures was confined to this affection. I think the Professor has gone no further than to announce the fact, without attempting to make the conclusion of universal application, though, with the multiplied instances before him, it would have been perfectly natural had he done so; and I believe that many have been induced to regard the derangement of these glands as constituting the essential character of what is commonly known as fever.

The researches of my much-lamented friend Dr. Jackson, Jr., of Boston, those of his father, and of my friend Dr. Bowditch, have shown, that in America also this affection is the prevailing accompaniment of fever. In England, many inquirers, amongst whom I may include myself, have witnessed the great frequency of this local derangement in our fevers. Notwithstanding the multiplied evidence in confirmation of the great frequency of the derangement of the aggregate glands, which must have strengthened the Professor's conclusions, additional observations, extended to other districts, have produced the admission that serious illness, having the characters of fever, does in some places occur, unaccompanied by disease of the aggregate glands, proving the importance of the admirable caution with which his former conclusions were drawn and expressed. In his last edition he has devoted several pages to this subject, and on the evidence of one of his pupils who had studied the fevers of England and Ireland, he admits the existence of a disease in these countries, presenting many of the symptoms described by former writers on fever, though wanting in some of the features which his own important investigations have shown to be the concomitants and characteristics of the disease of the aggregate glands.* The very careful and valuable observations of Dr. Hale, in the Massachusetts General Hospital, are in striking concurrence with those of Dr. Shattuck, but being made under more favorable circumstances, they are more complete as to number and details. My own very numerous inspections have furnished me with many instances of fever with unequivocal and great derangement of the aggregate glands, with others in which their derangement was extremely slight, and again with others in which its existence could not be contended for by the most biassed observer.* Hence I not only fully believe in the accuracy of the statements made by the distinguished writers whom I have mentioned, but can confirm them by corresponding observations recorded long before my separation from Guy's Hospital in 1837. Perhaps we do not, in reality, materially differ as to the main conclusions to be drawn from these observations; but be this as it may, it appears to me that some objection may be raised to the terms in which these results are stated; since it would not be difficult for the reader, and more especially the junior student, to form opinions which, I think, would be erroneous, and which might be even injurious in their practical results.

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* **I allude to Dr. Shattuck, of Boston, with whom I must also mention Dr. Lombard and Dr. Dalmas.**

The case as it now stands, I apprehend to be simply this. A disease is admitted to exist in England and in the United States (and if in these countries, probably in many others) in which the symptoms described by the most accurate medical writers of former periods as occurring with, and characterizing fever, described as typhus fever, attacks and carries off its victims without there being on dissection any evidence of the aggregate glands being affected during the course of the malady. To this it is proposed to restrict the term "typhus fever," whilst to that disease in which the glands are affected, and which, with various peculiarities, may present most, if not all, the more remarkable and formidable symptoms of typhus fever, the term "typhoid," or resembling typhus, is proposed to be applied as the exclusive and distinctive name.

I am far from undervaluing the great importance of distinguishing by separate terms things which are really different; and I think, in the instance before us, modern, correct investigation has made us acquainted with characteristics which distinguish a particular affection from others with which it was formerly confounded; but the terms employed are unfortunate, and may probably conduct the reader to misapprehension.

I believe that we are warranted in concluding from the very great number of careful inspections that have now been made and recorded in different parts of the world, that a considerable proportion of the cases of disease which have occurred as epidemic, or sporadic fevers, and more particularly those which have been mentioned as typhus fever, have really been cases of that disease of which the most important anatomical lesion is that of the aggregate glands. To this many of the observations, precepts and prognostics of our predecessors apply. If we say these are not cases of typhus fever, that typhus fever is something else, and that these are merely a resemblance of the disease, the student, instead of attaching its true importance to a valid distinction, will probably entertain imperfect ideas regarding the peculiar disease of the aggregate glands, and probably still more vague or erroneous views regarding some other affection which he is to call typhus, which he does not know whether he is to regard as seated in the brain, the lungs, the liver, or the spleen, and to which, indefinite as it is, he will be induced to refer whatever may have been said of a practical value regarding the treatment of typhus or adynamic fever. I highly approve of the distinctions of disease founded on the situation of the part essentially affected; but, if we make our division on this principle, our terms should be in accordance with it, or else be purely conventional, and not calculated to convey an idea of a different kind.

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* Dr. Hale has fallen into a mistake in stating that so late as 1830 it was not the practice in Guy's Hospital to open the intestines of fever patients. From the early part of 1826, almost all the inspections were made by myself, and it was the rare exception to omit the examination of the intestinal mucous membrane in all cases; a fact which the records of inspections, preserved at the Hospital, will fully prove. The majority of Dr. Bright's cases were amongst the number.

It is my firm persuasion that formerly, as at present, the majority of the cases of severe fever, presenting the greatest number of those symptoms the presence of which is characteristic of what has been designated typhus, have occurred in epidemics in which the aggregate glands have been the seat of the most important lesion. It would therefore seem an unfortunate change of names, now to employ it in a different sense, and to speak of those very cases which have really furnished the type of typhus as essentially differing from it, and presenting only a close resemblance in some points. If we employ a classification founded on the seat of the principal lesion, it would seem desirable that our names should be expressive of the facts on which we lay the greatest stress. To such a classification, as a morbid anatomist, I should strongly incline to give the preference.

I may compare the case before us to the linear representation of the figures in a picture comprising a large group. To all or any of these figures we may give a certain color, which may have its importance but be a totally different ground of distinction from the former. Thus the whole picture may be in Indian ink, or in grey tint, or some other color; or individual figures in the group may be distinguished by employing these colors separately. Now, in typhus, and in some other affections, the state of the patient seems to be dependent on a certain general condition, rather than upon the functions and sympathies of a particular part which may be diseased, however important the local affection may be as the primary and essential seat of the malady. In other words, there are features of disease depending more on the *character* of the derangement, whether local or general, than on its *particular seat*, and the functions of the part affected. We may in the same case have symptoms of both kinds. For example, we may inoculate a person with smallpox in the hand, and in the course of the symptoms which follow he will be more or less deprived of the free use of that hand; and if the virus had been inserted in the foot instead of the hand, a certain degree of lameness of that member would be the result. So far the locality of the primary affection creates a difference; but when we come to the general symptoms, we may have the pustules numerous or rare, we may have blindness, ptyalism, convulsions, consecutive fever, and petechiæ, without any relation to the spot inoculated, but influenced by the morbid poison, the season, the mode of treatment, &c. I cannot but regard the state designated as typhus, and marked by the assemblage of certain symptoms, as possessing such general character, and that whilst we do most frequently have it present as the effect of disease in the aggregate glands, it is necessary that that derangement be of a particular kind. On the other hand we may have this particular kind of derangement, of which the essential characters are probably rather chemical than anatomical, situated in some other part of the body; as, for example, in the tonsils in scarlatina, in the large intestines in the worst forms of camp dysentery, in the cellular membrane in plague and hospital gangrene, and in the lungs in typhoid pneumonia.

I do not present this idea as original, since it seems to be that which our most accurately-observing predecessors pointed to when they spoke of disease passing into a state of typhus; their general notions of typhus fever being derived from their appearance in the worst forms of fever which they sometimes called putrid, and in which the characteristics of this state very early appeared. Other cases in which these symptoms were less marked would be called typhoid, from bearing some resemblance to the severer form. The etymology and the application would therefore perfectly agree.

Our predecessors were not sufficiently guided by minute and accurate pathological research, and in supplying this desideratum we must not lose sight of that which they had accurately pointed out. As we proceed, bearing this in mind, we may at the same time accurately localize diseases to which they were unable to assign any definite seat of primary lesion, and also elucidate the conditions on which the general state depends, which probably in more than a few instances will be found rather within the province of the chemist than in that of the anatomist, though the latter be assisted by the most powerful microscopes. In this particular line of inquiry we doubtless owe much to Dr. Prout and Professor Liebig, and whilst I would particularly signalize the latter for the comprehensive and systematic view which he has given, I cannot but avow my dissent from many of the statements in his "Animal Chemistry," which show that he has labored under imperfect and erroneous ideas regarding the subjects on which he has reasoned.

In my twenty-third lecture, to which I have already referred, I have ventured to suggest the mode in which I conceive the animal chemistry may be disturbed in the state which we term "fever," and have adduced some of the facts on which this opinion rests.

It is, I understand, the opinion of Professor Rokitanski, of Vienna, the most practised pathological anatomist of the age, that something peculiar is produced in the system in that state of disease which is known as typhus, but I am not aware of the characters which he ascribes to this product; yet it is pretty evident that its full admission will not clash with the view which I have taken, but, on the contrary, that our views will rather tend to confirm each other.

I may here add another remark which has suggested itself to me in consequence of some conversation with that distinguished professor, during his visit to England last year. We were conversing respecting certain derangements of the spleen, when he laid particular stress on one form, marked by partial deposits in the structure of the organ, which he had been induced to connect with endocarditis, and believed to be brought about by the contamination of the blood through that affection. I have had some opportunity of confirming the justness of the Professor's observation as to the concurrence of the two affections, and the idea thus suggested that the altered condition of the blood produced phenomena which are exhibited in the spleen, did not fail to strike me, as I doubt not it has the Professor himself, as connected with the state of the spleen in fever. I allude to its softened consistence and altered color, rather than to the enlargement of the organ which takes place in intermittent fever, the cause of which is, in part, mechanical. The almost constant derangement of the spleen in fatal cases of fever is one of the facts which the invaluable researches of Louis have placed beyond all doubt. This derangement consists more in a change of texture than of size, though this is generally somewhat enlarged. It is remarkably softened, so that, in extreme cases, we cannot cut through it as a solid body, and it has more the character of a grumous mass enclosed within its capsule. It is frequently of a deep venous hue, which we have no difficulty in ascribing to impeded circulation through the porta, occasioning some accumulation of venous blood in the spleen. It is, however, much more common to perceive this venous color intermixed with, and even subdued by a material which gives a lighter color, and produces a sort of lilac tint. The production of this lighter substance appears to me to be unequivocal evidence that some degree of inflammation has existed, causing separation of coagulable lymph from the blood, whence I am inclined to believe that the altered condition of the circulating fluid in fever produces a direct effect upon the spleen, as in the cases of endocarditis noticed by the learned Professor of Vienna. That in the one case it exhibits itself in isolated spots, and in the other in a more diffused form, producing a motley appearance, or affects the whole organ, causing an uniformity of color, is not easily to be accounted for; but it is not more wonderful than that the poison of one exanthem should produce diffused erythema, and another distinct spots.

That a light color should be evidence of inflammation, whereas redness is generally regarded as an indication of this condition, will not be matter of surprise, or doubt, when we consider the parts in which this fainter color is the result of inflammation. They are precisely those structures in which minute bloodvessels abound, so as to constitute a plexus of capillaries or mass of erectile tissue. Determination of blood, or mere congestion, may increase the size, or produce a venous hue, but can scarcely increase the redness of such parts, already so well supplied with blood. Inflammation, on the contrary, not being mere hyperæmia, but likewise inducing an alteration of structure, causes the separation of lymph, and consequently the reduction of color before alluded to. We see examples of this in inflammation of the liver, whether induced by local violence or other causes, a fact to which my attention was called many years since by my friend Dr. Foville. In confirmation of the universality of the principle, we find analogous appearances in the spleen, as has been already stated—in the cortical substance of the kidneys—in the substance of the heart, and in other red muscles—in the corpora cavernosa—in the substance of the lungs, &c.

It is time that I should bring these hasty observations to a close, and I shall be abundantly satisfied if my fellow-members condescend to receive them as they are intended, and regard them as a proof of my willingness to use the pen in their service, as well as to comply with the wishes of their excellent colleague, Dr. Sewall. I must, however, be permitted to make one additional observation, viz., that neither the view which I have been led to take regarding the general state of the system in fever, nor that which I take of local affections, whether of a primary character, as the derangement of the aggregate glands in many cases of fever, and of the tonsils in angina maligna; or of a secondary character, as the derangement of the spleen here alluded to; consecutive pneumonia, eschars on the back, and the so-called critical depositions of matter, militate against the employment of any of the various yet equally approved methods of treatment; but, on the contrary, they rather tend to harmonize conflicting opinions, and guide the selection and application of remedial measures. Though I have mentioned some local affections as primary, I am aware that they may be only relatively so, and that before sore throat is felt in cynanche maligna, or any derangement has been detected in the bowels in fever, some latent yet preparatory change may have been going forward; and we may probably appeal to the prevalence of a particular state of the spleen in patients dying of all diseases, during the prevalence of what may be termed an epidemic influence of the atmosphere, as bearing upon this question. THOMAS HODGKIN.

London, 18, 9, 1843.

"LIST OF ARTICLES IN THE MATERIA MEDICA, &c."—REPLY TO "A CONSTANT READER."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was somewhat surprised and a little mortified on reading in your Journal for Dec. 25th, some very severe, unjust, and incorrect remarks on a pamphlet bearing this title, "A List of the most important articles of the Materia Medica, with their doses in substance, infusion, tincture, extract, &c., together with tables of weights and measures, observations on the art of prescription, &c."—a pamphlet containing, from "title to colophon," some eight pages octavo, printed for private circulation, never intended to be sold out of the Medical College, and therefore hardly amenable to criticism in a public journal. The gentleman reviewer says he lacks a reason for the appearance of such a pamphlet. The circumstances of its publication may explain this. I had received, from England, the second edition of a very excellent work, "Hoblyn's Dictionary of Medical Terms," in the appendix to which was the admirable list reprinted in the above pamphlet. Some of my friends in the Tremont Medical School seeing this, suggested having it printed in pamphlet form, to accompany their note books, and to serve for immediate reference—a purpose to which its alphabetical arrangement admirably adapted it. Afterwards they proposed the addition of tables of weights and measures, &c. A number of copies were subscribed for, the matter was sent to Mr. Dickinson, the pamphlet was printed, and "*voila tout.*" The curtain of mystery that shaded the birth of the eight-paged horror is rent asunder, and I hope my critic's doubts are satisfied. The "Constant Reader's" miserable situation in being reduced to criticize a title page and preface, as (probably ignorant of the meaning of *l'Envoi*) he calls a jocular announcement of six lines, is so pitiable that I will pass it by, merely asking him what he means by the *puerile* pedantry of a school *boy*, receiving a ferruling. Is the process of ferruling peculiarly calculated to the production of that quality? The article on the art of prescribing medicines, which he characterizes as vague and unsatisfactory, is extracted, *verbatim et literatim*, from the Conspectus of Anthony Todd Thomson, Professor of Materia Medica in the University of London, and one of the very best authorities on medicines and their uses, in the world. The single axiom which the "Constant Reader" extracts, as peculiarly vague, is a simple statement of a fact, and for a medical work remarkably clear and intelligible. The simple dictum of the learned critic, being enough, however, to despatch the unfortunate article, he proceeds, Bobadil-like, in a jiffy to prostrate "the List," whose errors arise like the heads of hydra to be attacked by his heroic pen.

The critic lays particular stress on the omission from the list of the hydriodate of potassa—and the placing the dose of strychnine, as he says, at one grain—as the List, however, says, gr. 1-8—gr. 1. 1st, the hydriodate of potassa being generally exhibited in the form of the hydrated salt, is placed among the liquors, thus, liq. potass. hydriod., m. x—m. xx. In regard to the dose of strychnine, the critic, I think very unfairly, does not mention the minimum dose of gr. 1-8, but always the maximum of 1 grain; in his own words, "is this decent or proper?" The grain dose certainly sounds large, but is seldom used in such quantity, except endemically (vide the article on stimulants in the Cyclopædia of Practical Medicine, where the dose by this method is stated at one grain and over) —the maximum dose internally being about gr. ½. Dr. Pereira places the dose of strychnine lower than other writers, a fact of which my critic was not perhaps unmindful, as producing a greater contrast with the doses on the list. In the excellent treatise on stimulants before referred to, the commencing dose, in paralysis of the lower extremities, is given at gr. 1-10, increased till the tetanic spasm commences, which it generally does when the dose reaches about gr. ½.

The rest of the critic's censures regard principally the omission of certain secondary preparations of iron, and some drugs, also of a secondary importance, and the perfect omission of articles of the American Pharmacopœia, and especially of that invaluable medicine, bloodroot. I am very sorry that he did not look over the pamphlet more carefully; he would have saved himself trouble, and perhaps never have written such an article. He would have seen, in the first place, that the list was of the most *important* medical agents, and therefore included few secondary preparations or remedies. In the second place, he would have seen, that being a list of the medicines adopted by the London College of Physicians, it did not contain any of the drugs peculiar to the American Pharmacopœia. Again, he would have seen that the hydriodate of potassa (the omission of which he mentions twice), was not omitted, and he also might have saved himself that exclamation point after mentioning the grain dose of strychnine.

I might, perhaps, have refuted the lumbering sarcasm of my friend even more fully, but I have prosecuted the subject *ad nauseam*, and I can assure him that he never would have heard from me if the pamphlet had been of my own writing; but I felt bound to defend, to the best of my ability, the authors from whose works I had compiled it. As the critic (with every disposition to do so) has found in the "List," &c., no real error, I begin to think it may be of more general utility, and a small edition of it (the size being really an objection to the first edition) will be for sale on Washington street in a few days. What the critic says about the pamphlet selling for 37½ cents is not correct, that price never having been asked for it; and in fact it has never been offered for sale out of the Medical College. In parting with my professional friend (and I assure him he will probably never hear from me again) I would humbly thank him for the lenient manner in which he has passed over the table of weights and measures, which offer a fair field for his critical talent. Perhaps they will form the subject of another article. I bide my time.

January, 1845. H. A. M.

LEPROSY HOSPITAL IN HAVANA.

Another charitable institution, well worthy the attention of the stranger, is the hospital of San Lazaro, destined chiefly to succor those unfortunate persons affected with the incurable *kocubea* or *lazarino*, commonly called leprosy, a disease, I believe, peculiar to the West Indies, and which I have never seen in any European hospital. It commences its ravages on the toes and fingers, which first become atrophied and distorted; then a small blister appears on their extremities, and joint after joint decays and falls off, until sometimes the whole hand to the wrist, and the whole foot to the instep, is thus destroyed. Some recover with the loss only of the first and second joints of their fingers or toes; but the stumps remain quite insensible; and a patient informed me, that he was conscious of the effects of fire on his hand only by the blister caused by the burn. Only a partial motion is retained in these curtailed members, but it is surprising to see how much an almost fingerless hand can perform.

This disease is probably ossification of the arteries, on which an inflammation supervenes, closing their calibres, and death of the part ensues, as in senile gangrene. It is regarded by the Creoles as contagious; and any one affected by it, if seen in the streets, is at once conveyed to the hospital. No instance has, however, been related of its spreading there to the nurses or physicians; and I have myself known the father of six children, who, although long a martyr to this affection, never communicated it to them or his wife, although they visited him constantly in the cottage where he lived, separated from the other negroes, on a coffee plantation.

This hospital, like similar establishments in Cuba, was built around a central square, in the middle of which was an additional building, like the main one, of a single story, having a wide piazza before it. The whole was divided into small apartments, each destined to accommodate a single individual or family, and in the central building there were a few wards set apart for fevers and other acute diseases. It seemed to be an asylum for those affected with cutaneous diseases, but the greater number was suffering from the kocubea, and from elephantiasis of the feet, hands, and face; a disease very prevalent in the West Indies, and as incurable as the other.

I had been met near the gate by one of the patients, a black man, who volunteered to be my cicerone, and while he led me through the different parts of the establishment, I gratified him by listening patiently to the history of his own case. Henry Albert was a Philadelphian, had been a sailor, and on a visit to St. Jago de Cuba, was attacked with kocubea. Finding no relief from physicians there, he came to Havana, and was sent to his present quarters. He had lost nearly all his fingers; but the disease was now checked, and he was quite contented with his quarters, than which none could be more pleasant for a negro; he had a plenteous supply of food, and could sleep as long as he wished. After dwelling particularly on these comforts, he pointed to a small chapel, and said, "we have service every Sunday, by a padre, who tells us many good things; that we must be good here, too late when we are dead to reform, a great deal about Santa Maria, Christ, and God, and then he says many long prayers, that no one understands." I told him I was happy to learn that his soul as well as his body was cared for, and advised him to profit by what he could understand of the service.

About thirty white and sixty colored patients were lying on beds, or promenading under the corridors, presenting every degree of deformity from the ravages of the disease, and to any but a medical man, a repulsive sight of human suffering. But even here could the heart glean delight, in the contemplation of man's love to his fellow man, and even the abolitionist learn a lesson, in the treatment of his colored brethren, who here received the same attentions as the whites. It was pleasant also to reflect that the balm of religion was poured on the sorrowing minds of these outcasts from society, doomed through life to be the tenants of a prison, and to witness around them nought but foul disease.

As I was about to depart, Henry urged me to pay a visit to the portrait of a great saint, who, he said, had given a hundred million dollars to the Hospital, and the adjoining sea-coast as far as the eye could see. I went, and was shown the portrait of the founder, Pedro de Alegre, resembling one of Vandyke's; with mustaches, a peaked beard from the chin, and ruffles around the neck, so thick that the head, held stiffly erect, seemed supported by them. There was an expression of goodness in the countenance, not always seen in those of the founders of hospitals and churches, and it was, moreover, blended with one of discernment, if the rules of Lavater be correct. He had, in 1681, appropriated a large amount in jewels and other valuables towards the erection of the building, which was farther hastened through the exertions of the Marquis de Casa Torres, and by a tax of $18,000 collected by the governor Don Dionesio Martinez. On stepping into my volante, I left a small donation in what remained of the hand of my cicerone, and made one of his cronies, who gazed wishfully at it, superlatively happy, by tossing at him a single medio, for which he returned a hearty benediction.—*Notes on Cuba.*

ON SOME OF THE DISEASES OF THE EAR.

From Mr. Liston's Recent Lectures on the Operations of Surgery.

With regard to the ear, I have already spoken of foreign bodies in the meatus, and I stated that they were to be removed in much the same way that you would extract foreign bodies from the nostril. You must not attempt their removal by forceps, but put a fine bent probe, or a scoop, behind them, and, with a slight motion of the wrist, you turn them out of their place. Before you make the attempt, you must be very sure that there is a foreign body in the ear. This you can ascertain by using a speculum, which enables you to see perfectly into the bottom of the external meatus. The patient must be placed in a proper light, or the part may be illuminated by a good lamp. The rays of light may be brought to a point, and thrown into the bottom of the tube, as ingeniously devised by my friend Dr. Warden, through the medium of a small prism, adapted to the speculum.

You meet with cases of inflammation of the meatus from various causes—cold, &c. These inflammatory affections often end in abscess; you endeavor to prevent it by the application of leeches to the part; but when matter is formed, its escape is to be favored, and for that purpose fomentations should be applied. You may meet with cases where the abscess is apparent, and then you can puncture it. These abscesses are always attended with very great suffering: the parts are highly sensible when in a state of health, but still more so when diseased; the abscesses, however, generally burst spontaneously in the course of a very short time, and then the patient is relieved.

Deafness, of course, will arise from the presence of foreign bodies, or from the swelling of the meatus or parts around it. It frequently takes place in consequence of the accumulation of cerumen, and, indeed, this is the most common cause of deafness, and nearly the only one that you can with any certainty count upon removing. Old people are often relieved from deafness of long standing, by having foreign matters washed out from the external meatus. There has been a discussion as to what is the best solution to employ for dissolving the accumulated secretion. You will, in one of the volumes of the "Edinburgh Medical Essays," find a very good paper on the subject, in which are detailed trials with various alkaline and other solutions, and the conclusion arrived at is, that tepid water will answer as well as anything else. You use for the purpose a tolerably large and well-valved syringe, with a properly-fashioned nozzle; now and then you use a scoop, and pull out portions that would not otherwise come away. You often find large plugs of cerumen mixed with cotton and wool, which patients have put into their ears, to prevent cold air getting in, as they say. It is also said, that deafness arises from there being too little wax, from the ear being dry, and in these cases all sorts of stimulating oils have been dropped into the ear, with, I believe, but little advantage. Then you find deafness arising from obtuseness or paralysis of the nerve, and that is thought sometimes to be remediable. You may endeavor to rouse the sensibility of the parts by blistering over the mastoid process, and sprinkling the raw surface with strychnine in minute quantities.

Deafness also occurs to a greater or less extent (and this is irremediable) where suppuration has taken place in the internal ear, and where the bones of the tympanum have been destroyed. You cannot restore these parts, and you cannot expect the functions to be restored, for there is a great change of the structure of the organ. Patients often continue to have a discharge from the ear for a long period; there has been an attack of inflammation and suppuration during some inflammatory affection or fever of childhood, as scarlatina; it goes on for a long time, and parents desire to have it dried up; but beyond having the part kept clean, I advise you not to interfere. If you employ a strong injection, you may give rise to disease in deeper seated parts, and endanger life.

There are discharges from the external ear now and then connected with abscess situated deep in the temporal bone. I have seen two or three cases where the matter which had formed within the cranium was discharged by the ear. There may be abscess of the brain, or abscess between the dura mater and the anterior aspect of the temporal bone; and this certainly cannot be remedied by any external application. I have seen the discharge checked by long exposure to cold and wet, fever has ensued, and the patient has speedily perished.

The functions of the ear are sometimes interrupted in consequence of affections of the throat. Common people know that when the "almonds of the ears," as they say, come down, they are deaf. If the tonsils remain enlarged and swollen, the hearing is obtuse. The same thing occurs from polypi and other tumors of the throat. In cases in which I have removed them, the patient had been deaf for years. I have mentioned in one of my books the case of an old gentleman who had been deaf for very many years; he went regularly to church, for form and example's sake, it would appear; for after a great many polypous tumors had been extracted, he declared that he never, till then, heard one word of the service. The tonsils have been removed now and then with great advantage in cases of deafness, but though relief has been thus afforded, I would not by any means advise you to resort to it in all cases. You are not warranted in cutting away the tonsils or uvula under the assumption that they are the cause of the deafness, more especially when there is but little, if any, abnormal change in them.

After all, there is not a great deal to be done for the cure of deafness. There are many cases easily remedied, but a great many others are quite irremediable. The deafness which ensues in consequence of the deficiency or destruction of parts cannot be remedied; in many cases where the nerve is affected, no relief can be afforded; but where it arises in consequence of obstruction of the Eustachian tube, or the presence of tumors, the surgeon may sometimes afford considerable relief. It has been said that deafness arises from the Eustachian tube being closed up by mucus, and in order to remove it, all sorts of quacks have been in the habit of injecting air and fluids into this passage; but the only effect of this process, so far as I can see, would be to drive the vitiated secretions further into the passages, and impact them there.

In some cases of permanent obstruction of the Eustachian tube, in cases of thickening and induration of the membrane of the tympanum, and in collections of blood in the cavity, the drum of the ear has been perforated. This is an operation not attended with difficulty. The only trouble is in keeping the opening from closing again. The operation may require repetition unless it is performed in such a way that a portion of the membrane is wholly removed. This may be accomplished by means of a sort of punch dextrously applied. The instrument must be so guided as to avoid the attachment of the handle of the malleus. I have, in a few instances, seen patients thus slightly benefited, but great success cannot be anticipated from the proceeding.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 8, 1845.

Chocolate.—One of the most common table articles in use is chocolate. In Spain and its dependencies, chocolate holds a place as prominent in dietetic economy, as tea and coffee in Great Britain and the United States. In all countries engaged in commercial intercourse, cocoa, in some form, has become a favorite kind of food, and it is therefore important to know in what state or condition it will be nutritious and not prejudicial to health.

A variety of chocolates are manufactured in Europe, which are in much request in our cities. The French *chocolat à la vanille* contains three ounces of vanilla, combined with two of cinnamon, to twenty pounds of common chocolate. These aromatics are very agreeable to the palate, but probably no person could habitually drink this highly charged mixture, in this climate, without discovering that its stimulating properties were ultimately unfavorable. *Chocolat de santé* is a miserable French cook-shop farrago, wholly unsuitable for invalids.

In this country, a plain, wholesome chocolate cake and chocolate paste, both elegant preparations, have an established reputation. The consumption of that made by Mr. Baker, of Dorchester, Mass., and by others in New York and Baltimore, is prodigiously large, and they furnish the public with a wholesome article.

As in all other arts, an improvement has of late been introduced in this branch of business, which many medical gentlemen look upon with peculiar satisfaction. It mainly consists in extracting the vegetable tallow from the cocoa, by enormous hydrostatic pressure, leaving nothing but a light grayish powder, the essential property of the nut. A small quantity of this quickly diffuses itself in water, which, either for the sick or well, is a delightful beverage. Ordinarily, in five pounds of common chocolate, for example, it is said not far from two pounds of nut tallow may be separated. The presence of this substance, resembling oil, floating in the cup, is objected to by many physicians, as unsuitable for valetudinarians and those of feeble digestive powers; but no such objection is urged against the new preparation, which is favorably recommended by them. It is now manufactured in New York, by Mr. Wait. Mr. Baker, some years since, we understand, produced identically the same form of the cocoa, but considered it too expensive for extensive sale. If the consumption warrants the undertaking, however, he will at once embark in it. In the mean while, Mr. Wait, from certain facilities, leads the public to suppose that this improvement is not calculated to increase the cost so much as to exclude it from the table on the score of economy. For the feeble, the sick, and those who neither take tea or coffee, Mr. Wait's prepared cocoa is admirable. We are not altogether certain, however, that the presence of the vegetable tallow offers any valid objections to its continued use, when the consumer is in ordinary health. These observations on the so-called new improvement, have reference to the dry powdered cocoa, exclusively, and not to pastes or cakes, or any secret position of which cocoa is the basis. For ourselves, we are gratified in having this elegant, nutritious beverage to resort to, under circumstances where a medical attendant feels that the dietary for invalids affords no great variety.

Forces which produce the Organization of Plants.—Whatever may be said at this time in regard to a beautiful quarto on the "*Forces which produce the Organization of Plants*," which work we have before alluded to, may have been anticipated, in a measure, by other publications. It is the production of Dr. John W. Draper, of the University of New York. We have rarely seen a more thoroughly finished piece of typography. The volume is inviting from its white paper, distinct letters, and freedom from misprints or errors of the press. Dr. Draper must expect to meet with envious criticisms from various sources before this work fairly takes its place on the shelf with the highest scientific authorities. We have even heard it said already, that "it is made up of scraps, picked out of European authors." But it so happens that genius like his cannot be overcome or circumscribed by those who are only wise in their own opinion. We can point out individuals now enjoying the highest public consideration in literature, science and the arts, who were spoken of with marked contempt for their efforts only a few years ago; and now, these very same stationary critics, the sages of a little circle destined to be unknown to fame, court with obsequiousness the attention of the men who have grown to be their superiors in all that gives a character to men in the world. By the preface it appears that the idea of the connection of chemistry with vegetable physiology was conceived in 1833; but Dr. Draper was too closely occupied to give the results of his inquiries to the public, till the close of the last year. There are parts of this treatise which we have read with peculiar delight. The exact value of all the several chapters can be appreciated only, it is presumed, by a professed botanist and physiologist. All the general remarks on the influence of physical agents on organization and life, are beautiful. "The great idea which it is designed to illustrate, is that which connects the production and phenomena of organized beings with the imponderable principle." The topics, embraced in the five chapters, are as follows. On the action of the sunbeams in producing organized bodies; on the mechanical cause of the flow of the sap in plants; on the mechanical cause of the circulation of the blood; on the physical constitution of the sunbeams on the prismatic spectrum; on the interference of the spectrum, &c.

Were it the province of this Journal to dwell minutely on the special merits or demerits of publications not strictly medical, this work would have a valid claim to an elaborate examination. As it is, we are not willing to be silent, when such claims are presented as characterize this learned production. Were it in our power, we should be glad to do something more than simply wish it well.

Principles and Practice of Surgery—Dr. Gilbert's Introductory.—In the Pennsylvania College, located in Philadelphia, that focus of literary and scientific institutions, David Gilbert, M.D., whose name is known to the readers of this Journal, is professor of surgery. His introductory to the present course of lectures was given to the public by the class, evincing, on their part, discrimination and good judgment. Dr. Gilbert points out to the pupils, in this discourse, their real position, and indicates the obligations resting upon each individual in assuming the duties of a surgeon. There is no mincing matters about qualifications; they must be prepared, or sink with contempt before the scrutiny of the public eye. He dashes in upon the quacks like a knight errant, sword in hand, while neurypnotism, hydrosudopathy, homœopathy, Mesmerism, and all other odds and ends of things under the specious guise of medicine, are dashed against the wall. We are interested in the style, and especially in the vigor which the author manifests throughout the lecture. He is a native American in regard to surgery—pointing proudly to names for imitation that will shine with undiminished splendor in the records of national greatness, through coming ages.

Medical Chemistry—Dr. Atlee's Introductory.—An encouraging feature of the present day, is a growing attention to the study of a culpably neglected part of a regular medical education. Students have slipped in and out of the chemical room, for years, without reproof, and in the process of examination for a degree, have adroitly contrived to evade a very exact scrutiny into their acquirements in the laboratory. To practise medicine in utter ignorance of the elementary principles of the glorious science of chemistry, is as absurd as it would be to endeavor to sail a ship round Cape Hatteras by following the course of a flock of petrels. Dr. Washington L. Atlee, now filling the chair of Chemistry in Pennsylvania College, has been complimented by the class in having an introductory lecture published, on the subject of Medical Chemistry. He is a beautiful writer, and exhibits a refined taste. We often regret our inability to publish, in extenso, such excellent specimens of medical literature; but it is quite impossible. We can only commend, in this case, as in many similar ones, and strongly recommend the production to the critical study of our professional brethren.

How to Study Medicine—Dr. Patterson's Introductory.—Pennsylvania College seems to have an active board of medical professors. Among the number, is H. S. Patterson, M.D., professor of Materia Medica and Pharmacy. His valedictory to the graduates was distinguished for its well-timed advice, and the delicacy and beauty of its style. His introductory to the present course, is chiefly devoted to the best method of pursuing the study of medicine, in order to be qualified for subsequent duties. He is down upon the text-books with a vengeance. —"Our booksellers' shelves," he says, "now groan under an unexampled accumulation of medical works, all pointing us to short roads into the central mysteries of our science. You see steam presses hissing and thumping in every city, rivalling one another in pouring out a stream of text-books, Elements, and Principles, First Lines, and Out-lines, with numerous Student's Guides and other medical stenography, which might well be classed together under the general head of *Lifts to Lazy Pupils!*" Dr. Patterson forcibly impresses the reader with the true value of an old quotation, appropriately introduced at the close:—"*Ars longa, vita brevis, judicium difficile*"—and paraphrased thus:

"Art is long and time is fleeting,
 And our hearts, though stout and brave,
Still, like muffled drums, are beating,
 Funeral marches to the grave."

Utility of Practical Medicine.—At Dover, N. H., a small religious paper is published, at irregular periods, called the Disciple, and furnished to readers without money and without price. Those who receive it may pay for it if they choose, or not. In the imprint it says, "*Terms free—as the gospel it brings.*" The editor, Dr. E. Mack, announces himself a physician, who has relinquished practice. He writes the articles, sets up the types with his own fingers, purchases paper when sufficient funds are furnished, and then prints copies and gives them away. He is a clear reasoner on all subjects he takes hold of, and evinces the pure spirit of christian love and philanthropy. Who ever wrote better thoughts on medicine than these, taken from a late No. of the Disciple?

"True medical practice contemplates the whole field of Nature for its resources, bringing to its aid arts, sciences and letters, and availing itself of the researches and experience of the past and the discoveries of the present. From this whole field, aided by all these tributaries, it gathers, prepares and selects its means and instruments of healing, and in conformity to their respective properties, to the laws of life, of health and disease, it applies them, in each case, appropriately to the kind and the state of the disease, to constitution and habits, and to all the circumstances in the case. Not that the Science is perfect, or that there are not many instances of ignorance and stupidity among the members of the regular profession, and a great deal of inefficiency, rashness, essential quackery, and of mal-practice among them. Far, far from this! Yet is there realized in the practice of the profession generally, an amount of alleviation to human suffering, for which we may well be grateful to the Giver of all mercies "

Manufacture of Surgical Instruments.—In the final report of the Fourth Exhibition of the Massachusetts Charitable Mechanic Association, at Quincy Hall, Boston, in September last, a very flattering testimonial was given to Mr. N. Hunt, of this city, the ingenious maker of surgical cutlery. His amputating, trepanning, operating, dissecting and pocket cases, tonsil-cutters, lancets, specula uteri and ani, &c., were exceedingly beautiful. He also exhibited, on the same occasion, bone forceps, say the committee, of an improved shape, invented by himself, which received their particular commendation. The tonsil-cutter, and an anatomical syringe for injecting the absorbents, of excellent pattern and finish, were the first ever made in Boston. Mr. Hunt also produced a very large variety of dentists's forceps, well made, and " decidedly superior," say the board of judges, " to any other in the exhibition—especially in regard to joints." In short, " it was a full display," says the published report, " of the skill of a very meritorious artist, and the committee would express their unanimous approbation." A gold medal was also awarded. Mr. Hunt's establishment is deserving the marked attention of all medical strangers visiting Boston.

Class-book of Anatomy.—Mr. Robert S. Davis, Joy's Building, has put to press the *ninth* edition of this work. The increasing demand for it in colleges, academies, and, in fact, in schools generally, shows how highly the study of anatomy is prised by public instructers, and indeed by all persons of intelligence.

Manufacture of Castor Oil at the West.—Dr. Drake, in his Travelling Letters, gives the following account of the growth and manufacture of this important article in some of the western and other States.

" To pass from geography to pharmacy, I must tell you something about the manufacture of castor oil in this city (St. Louis) and some of the neighboring parts of Illinois. It seems to have been commenced by Mr. Adams, of Edwardsville (Peck's Gazetteer), about twenty years ago. The produce of the first year was 500 gallons, which he was then enabled to sell at $2,00 a gallon. In 1831, he made 10,000 gallons, which he sold at 75 cents. From a gentleman of this city, who owns a steam oil press, I have same additional statistics of this important manufacture.

"According to his statement, the quantity now manufactured in Illinois and Missouri, is above 100,000 gallons a year; which is the produce of from 8 to 10,000 acres of land. The crop varies from 10 to 15 bushels an acre, each bushel yielding about 2 gallons of oil. Its price ranges from 75 cents to $1 a gallon. In these latitudes the crop is somewhat uncertain, being liable to injury from long-continued droughts and early frosts. Indiana, Virginia and New Jersey furnish, together, from 25 to 30,000 gallons a year: Tennessee as much, perhaps, as she consumes. The castor oil bean flourishes well in Mexico and the West Indies, but the importation of oil is greatly diminished from what it once was; at the same time the price is much reduced, and the quality greatly improved."

Action of Light on Vegetables.—From a paper by Dr. D. P. Gardner, of New York, on this interesting subject, to which Dr. Draper has given much attention lately, we copy the following conclusions to which he has arrived. The paper referred to was first published in the American Journal of Science and Arts, and has also been printed or discussed in the London Philosophical Magazine, the new Edinburgh Philosophical Magazine, and the Bibliotheque Universal de Geneve, and was reported favorably upon in the French Academy of Sciences.

"In conclusion, it appears that the following facts have been established.

"1st. That chlorophyl (the green matter of leaves) is produced by the more luminous rays, the maximum being in the yellow.

"2d. This formation is due to pure LIGHT, an imponderable distinct from all others.

"3d. That the ray towards which plants bend occupies the indigo space of Fraunhofer.

"4th. This movement is due to pure LIGHT as distinguished from *heat* and *tithonicity.*

"5th. *That pure* LIGHT *is capable of producing changes which result in the development of palpable motion.*

"6th. The bleaching of chlorophyl is most active in those parts of the spectrum which possess no influence in its production, and are complimentary to the yellow rays.

"7th. This action is also due to pure LIGHT.

"We have, therefore, an analysis of the action of every ray in the luminous spectrum upon vegetation. The several effects produced are not abruptly terminated within the limits of any of the spaces, but overlap to a certain extent, a fact which coincides with our experience of the properties of the rays. Whilst *heat* and *tithonicity* are capable of causing the union of mineral particles, *light* appears to be the only radiant body which rules pre-eminent in the organic world. To the animating beams of the sun we owe whatever products are necessary to our very existence."

Malformation of the Genitals.—Mr. Terry examined a child, aged two months, at the Northampton General Infirmary, on account of a malformation in the organs of generation. The mother, and grandmother, who came with the child, said that the external opening was closed, and the water came the wrong way, and that she was born so. At first, it appeared to be a common case of imperforate vagina. There was, however, a little fulness, and a slight degree of prominence at the lower part of the supposed closed orifice, and, on proceeding to separate the adhesion, which required no cutting, and very little force, there was found something which looked like a penis. The parts were separated more extensively, and the parts which had been concealed more minutely examined; a glans penis and prepuce were then discernible, and the penis was complete, though confined and bound down to the neighboring parts. The vagina was sought for, but in vain. The scrotum, with one testicle down, and the other descending, was gradually developed, and the little patient was presented as an entirely male child. There was a slight indentation at the orifice of the urethra, but the canal was impervious, and the urine passed through a little opening behind the corona glandis, just at the insertion of the frænum preputii. There was a large quantity of loose cellular substance, covered by integument, in the neighborhood of the parts, so that even after the separation of all the adhesions, the slightest lateral pressure with the fingers gave again the appearance of a closed vagina covering and entirely hiding the penis and scrotum as before.—*Provin. Med. Journal.*

Rupture of the Liver.—A sailor, 29 years of age, was admitted into the London Hospital, having had a piece of beef, weighing a hundred weight and a half, fall on the abdomen. He was in a state of exceeding collapse, from which he rallied to such a degree that hopes were entertained of his recovery, and the antiphlogistic treatment was put partially in force. He died, however, ten days after the accident, and on examining the body, nearly four pounds of coagulated blood were found effused in the abdomen, proceeding from a stellated fracture or laceration of the left lobe of the liver, from which the gall-bladder was partly separated. The organ was much softened, and the spleen was reduced to a pultaceous mass, of a chocolate color. There were also evidences of peritoneal inflammation of a sub-acute character.—*London Med. Times.*

Conical Cornea.—Mr. Jervis has published the details of two cases of conical cornea successfully treated. In the first case, he exhibited wine and steel, blistered the temples, punctured the cornea repeatedly, and applied the nitrate of silver to the cone three times a week. An ointment compounded with the nitric oxide of mercury, was also applied daily to the eyelid. In the second case, the nitrate of silver was used, and the temple was blistered; but Dr. Pickford's plan was also had recourse to.—*Ibid.*

To Correspondents.—The communications of Drs. Addison, Tabor and Magoun have been received.

Married,—At Haverhill, N. H., Dr. Oliver W. Drew, of Waterbury, Vt., to Miss O. L. B. Atherton.

Number of deaths in Boston, for the week ending Jan. 4, 38—Males, 17; Females, 21. Stillborn, 5.

Of consumption, 7—lung fever, 2—dropsy on the brain, 3—hooping cough, 2—infantile, 4—scarlet fever, 4—palsy, 1—peritonitis, 1—accidental, 1—croup, 2—dropsy, 1—inflammation of the bowels, 2—stoppage in the bowels, 1—old age, 2—typhus fever, 2—inflammation in the head, 1—dropsy on the heart, 1—marasmus, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 10—over 60 years, 4.

Duration of Pregnancy.—This subject has been investigated by Professor Murphy, and, as stated by him in the Dublin Journal, some curious and useful facts are the result. The number of cases in which accurate information was procured was 186; in each the catamenial period was noticed; and

"To prevent error arising from uncertainty as to the exact date of conception, this interval was deducted from the whole number of days of pregnancy; thus, 328—28 would make the duration of pregnancy 300 days."

The results thus ascertained establish 301 *days as the average limit of gestation.* To this there are, however, three remarkable exceptions. In the first a fully developed child was born after an interval of 261 days. The evidence in this instance (an unmarried female, stating herself to be pregnant after one connection) is not wholly to be relied on. In two other cases the duration of pregnancy extended to 342 and 352 days, or deducting the menstrual period, to 324 and 314 days respectively. The histories of those cases given in detail are such as to lead to the conclusion that pregnancy may be prolonged to this extended period—a fact of great importance to the medical jurist. The relation of pregnancy to previous menstruation is referred to, and some exceptional cases are recorded. Thus in one instance pregnancy occurred without previous menstruation; in another, menstruation ceased on marriage, and in a few cases periodic discharges resembling the catamenia were present during pregnancy.

Matico successfully used in Hæmorrhage from Leech-Bites. By Wm. Eccles, Esq., Surgeon, London.—I was called, a few months ago, to a very obstinate case of bleeding from leech-bites, and having read an advertisement, lauding the efficacy of matico as a styptic, I immediately procured some from Mr. Keating's, of St. Paul's Church-yard, and used it in the manner recommended by Dr. Jeffrey, of Liverpool—namely, by placing a small piece upon the bleeding spot, taking care that the under surface of the leaf was applied to the bite, and pressing for a moment gently with the finger. The effect was almost magical; the hæmorrhage—which was profuse, and had continued for eight hours—was completely arrested in a few seconds. I have since used this remedy in several instances, and have always found it successful.—*London Lancet.*

Hydrocyanic Acid in Opacity of the Cornea.—Mr. Walker has published in the Provincial Medical Journal, a case of central opacity of the cornea, in which he gave a trial to the vapor of hydrocyanic acid, a preparation being used which was twice the strength of Scheele's, and which was kept in contact with the eyes for two minutes. A sensation of heat was experienced, with slight uneasiness, scarcely amounting to pain. Increased vascularity was also observable, and the eyes were watery. None of these effects, however, were so intense as after the use of the sulphate of copper to the eyelids, and they disappeared more quickly. The remedy proved to be of no service, and artificial pupils were afterwards made. Mr. Walker says, he has tried it in a few other cases with the same result. He has no doubt it will be useful in some cases, in those where other stimulants would act beneficially; but he is satisfied that a case which does not yield to ordinary stimulants will never be benefited by it.—*Times.*

THE

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REPORT ON DR. HODGKIN'S ESSAY ON FEVER.*

[Communicated for the Boston Medical and Surgical Journal by the Medical Department of the National Institute, Washington.]

The committee, to whom was referred the paper of Dr. Thomas Hodgkin, beg leave to report that it has been attentively examined, and that it is creditable to the source from which it springs, and is worthy of the acceptance and consideration of this branch of the National Institute. The author is a writer of no inconsiderable note and standing; and if we are to judge only by the style and contents of this paper, is a man of high literary and professional attainments. He has evidently pursued the subject of pathological anatomy with great zeal and success. He has been no silent or unobservant spectator of the phenomena of nature—for, he was actively engaged in his profession whilst in Guy's Hospital. He appears to have been associated with many of the most eminent of the profession in Great Britain, while he is familiar with the writings of the French, Americans and others. His style is pleasing and plain, exhibiting the phraseology of the sect to which he belongs, viz., Quakers. At an early period of his professional career he seems to have imbibed the views of the French pathologist, whom he highly compliments in this paper, and whose doctrines of fever he has particularly adopted. We are gratified to observe the high compliments he pays to our countrymen. The writings and observations of Jackson, Hale, Shattuck and others, he alludes to in terms of high commendation. These, from so respectable a source, emanating as they do from an Englishman, we may view as pure compliments to our professional men.

While we thus admire the style and tone of this paper, we cannot subscribe to the doctrines it professes to advocate. Slightly as the author has touched upon the subject of the pathology of fevers, he has said enough to convince us that he is of the school of the French. He commences with an allusion to the writings of Louis, Broussais, &c., and their views of fever. Upon these he has based his paper. The result of it is to add his authority to that of Broussais, Louis, and the American physicians who have been recently educated in Paris under the instruction of these distinguished Frenchmen, that typhoid fever is a distinct form of disease, of local origin, situated in the *aggregate glands* or the plagues of Peyer; that these, upon the developments of *post-mortem* examination of those who die from this disease, are invariably found in a morbid condition. It is and has ever been the case that new and specious views in pathology, emanating from high authority, have been immediately seized upon by a multitude of gaping admirers without reflection or mature consideration, particularly if these are based upon autopsy. Thus we find that Boerhaave, Stahl, Van Swieten, Cullen, and others, had their admirers and advocates, who were just as zealous and firm believers in their various doctrines, as Dr. Hodgkin, Dr. Jackson, Dr. Shattuck, Dr. Gerhard and others, are in the views of Louis. Viewing fever as being susceptible of the primary and simple division of idiopathic and symptomatic, I cannot concur in this French dogma of specific fever or dothin-enterite. Idiopathic fever depends for its type on various circumstances, as location, climate, temperament, season of the year, treatment, and other causes too numerous to mention. Symptomatic fever, as its name implies, is a fever of local origin—is more frequently the province of surgery than physic—though not exclusively. Typhus and typhoid fever do not belong to this class, and therefore cannot be ranked under the head of fevers of specific and local origin, as has been done by the French. These are mere grades of the same disease, depending on the various contingent circumstances already mentioned.

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* See the last No. of this Journal.

The idea that typhoid fever arises from a disease of the *aggregate glands* is, as far as my own experience and observation goes, perfectly preposterous. In the first place, this lesion is not the cause of the fever, but the effect—it may be said that it is not only the effect of destructive inflammation which is observed in these glands in this disease, but is in our opinion most frequently caused by the mode in which they are treated. Allow me here to refer briefly to Louis's gastro-enterite. Compare his treatment with the treatment of these diseases in this country, and we will be readily able to answer why these diseases are so fatal in Paris, and why the aggregate glands are so frequently found diseased in Paris. In the second place, this condition of the aggregate glands is not peculiar to typhoid fever; they are found in a morbid condition in other diseases, and they are liable to acute diseases which do not necessarily assume the typhoid character. I must not be understood here as stating that typhoid fever cannot be the result of local disease. On the contrary, we frequently meet with fevers having primarily a local origin, commencing in acute inflammation, terminating in fever assuming the typhoid character.

Allow me to repeat, then, that typhoid fever is only a species or genera of disease, and may be primary or secondary, like all fevers of this class, though it is idiopathic, and comes within the definition of fever by Fordyce. "That fever is a disease which affects the whole system—it affects the head, the trunk of the body, the extremities; it affects the circulation, the absorption and nervous system; it affects the skin, muscular fibres, and the membranes: it affects the body, and likewise the mind. It is therefore a disease of the whole system in every kind of sense," &c. &c. This contains about as much as we know at the present day of fever and its effects; and springing from an authority as much to be regarded as Broussais, Louis, or their disciples.

While we differ from Dr. Hodgkin and the French pathologist in their view of fever, we do not wish to be understood as condemning them, or arraying our own opinion in opposition to that of these distinguished pathologists. To Dr. Hodgkin we are particularly indebted for his paper, and we should be flattered by the manner in which he speaks of the Medical Department of the "National Institute," and we hope that we may be again favored by other communications from him.

T. Miller, M.D.

PROGRESS OF THE USE OF TOBACCO FROM 1590 TO 1614.

By Stephen J. W. Tabor, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

During the latter period of Queen Elizabeth's reign, when Shakspeare, Ben Johnson and others were producing their immortal dramatic works, tobacco had introduced itself into the theatres, and appeared upon the stage with almost as much regularity as the very play. The nobles, and persons of distinction, had seats upon the stage, where they used publicly to smoke, careless both of the ladies and all other spectators. Bishop Percy says that within his own recollection "tobacco, wine, and beer," were usual accommodations at the theatre in London called Saddler's Wells.[*] The custom was continued from the time of Elizabeth into that of her successors, and it is frequently satirized by the writers who flourished under James I. In the *Black Book*, first published in London, in 1604, the author talks of "the six-penny rooms in play houses,"[†] and leaves a legacy to the "Arch-tobacco Taker of England, in Ordinaries, upon stages both common and private." Henry Wotton speaks as follows of the Globe, a theatre famous in the days of Shakspeare:—

> "The Globe to-morrow acts a pleasant play,
> In hearing it consume the irksome day:
> Go take a pipe of To: the crowded stage
> Must needs be grac'd with you and [with] your page;
> Sweare for a place with each controlling foole,
> And send your hackney servant for a stoole."[‡]

John Taylor, the Water Poet, in his *Proclamation for Tobacco's Propagation*, cries out in a similar strain,[§] "Let play-houses, drinking schools, taverns, &c., be continually haunted with the contaminous vapors of it; nay (if it be possible) bring it into the churches, and there choak up their preachers." Alas, for the Water Poet's irony and indignation! His facetious and satirical advice was really fulfilled. Bishop Hall, in his *Hard Measure*, says, "Neither was it any news upon this guilday, to have the cathedral, now open upon all sides, to be filled with musketeers waiting for the major's return, drinking and tabacconing as freely as if it had turned ale house."* In Cambridge, during the latter years of Queen Elizabeth's reign, it was not unusual for tobacco to be smoked in the churches of that city. In 1607, when James I. contemplated making a visit to the place, he sent a letter commanding that "no one doe presume to take tobacco in St. Marie's church,"† the edifice where he himself designed to attend public worship. Dr. Thomas Percy says he was informed by a gentleman, that during a journey in Holland, on going into a church, he saw the masculine portion of the auditory "sitting with their hats on, smoking tobacco, while the preacher was holding forth in his morning gown "‡—illustrating, it may be, his descriptions of that place "not named to ears polite," by the cloudy and dusky wreaths encircling his hearers. The Puritanical Prynne utters his note of condemnation of the habit of using tobacco on the stage, in that huge quarto of a thousand pages, so full of learning, quotation, sense, nonsense and multifarious topics. After telling us that plays sold better than the choicest sermons, and were frequently printed on finer paper than the Bible itself; that players were often Papists and desperately wicked; that play-houses were Satan's chapels, and play-hunters little better than incarnate Devils; that a step in a dance was a step towards hell; that the crime of Nero was his frequenting and acting plays—after propounding these indisputable facts, he pays his respects to the enormity of tobacco. "How many are there," he says, "who according to their several qualities spend 2d. 3d. 4d. 6d. 12d. 18d. 2s. and sometimes four or five shillings, at a play-house, day by day, if boat-hire, coach-hire, *tobacco*, wine, beer, and such like vaine expenses, which play-houses do usually occasion, be cast into the reckoning."§

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[*] Reliques of Ancient English Poetry, &c., by Thomas Percy, D.D., p. 38. Lond. 1840. 8vo.
[†] Various Tracts illustrating English Manners reprinted, vol. i. p. 207. Lond. 1713. 8vo.
[‡] Follie's Anatomie: or Satyres and Satyricall Epigrams, p. 12. Lond. 1619. 4to.
[§] The Select Works of John Taylor, known as the Water Poet, p. 253. Lond. 1698. 8vo.

Thus public and extensive had become the use of tobacco in Great Britain in the space of ten years from the time Lane brought it from Virginia. As I am endeavoring, however, to follow the adventures and progress of this herb chronologically, it will be necessary to leave England to pursue its course in other quarters. In 1599 the Portuguese took the seeds to India, from whence the Chinese most probably procured them. Merchants trading to the Levant took the herb with them, and Genoa, Venice, Arabia, and the whole East, successively received it from the occidental countries. As early as the 22d of March, 1595, in the Island of Trinidad, it was seen by Sir Walter Raleigh in a state of cultivation, as he tells us in the narrative of his voyage to Guiana published in Hakluyt.‖ The Portuguese may have introduced it there, as they then had settlements in the East, and first carried it to Persia, where, in 1590, the Schah Abbas forbade smoking under severe penalties, and his subjects, rather than forego the luxury, fled to the mountains to enjoy it.¶ In the years 1600 and 1601 smoking had become so general that the habit was exercised throughout the maritime nations of Europe, in all places, whether public or private—in the court of the sovereign and in the halls of justice. M. de Boississe, who then represented the French king in London, gives a striking example of this in a letter he wrote to M. de Rohan. This letter is published in Sir Ralph Winwood's *Memorials*, and in it M. de Boississe asserts that during the trial of the Earls of Essex and Southampton for high treason, while the counsellors were arguing the impeachment, the House of Lords were engaged in the more pleasant exercise of discussing the merits of comfits and beer; that they *guzzled* as if they had not partaken food for fifteen days, and consumed at the same time enormous quantities of tobacco; that at the end of the pleadings they retired into a private hall to decide upon the case, and there, intoxicated with smoking, and ready to burst with eating, they rendered a judgment against the two earls.[*] This picture is undoubtedly exaggerated by national antipathy, and is, in fact, denounced by a British work as an "*impudent misrepresentation*,"[†] but it shows that etiquette did not exclude tobacco from the highest courts of judicature even pending the gravest trials, and that it there openly stimulated the legal acumen of the lawyers and judges. Its universal prevalence in the "higher circles," about this time, is also evident from what Ben Jonson, in a play written in 1598,[‡] makes Justice Clement say when rating Cob for uttering objurgations against tobacco:—"What! a thread-bare rascal, a beggar, a slave that never drank out of better than pisspot metal in his life! and he to deprave and abuse the virtue of an herb so generally received in the courts of princes, the chambers of nobles, the bowers of sweet ladies, the cabins of soldiers!"[§]

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* The Moral Discourses of the Rev. Joseph Hall, extracted from the edition of his works by Pratt, p. 310. Lond. 1815. 8vo.

† Cole's MSS. in the British Museum, vol. xlii. p. 286.

‡ Reliques of Ancient English Poetry, &c., p. 38.

§ Histrio-Mastix; the Player's Scourge, or the Actor's Tragedy, in Two Parts; wherein it is largely evidenced, by Divers Arguments, that popular stage-plays are sinful, heathenish, lewde, ungodly spectacles, by Wm. Prynne, p. 322. Lond. 1633. 4to.

‖ Navigations, Voyages and Discoveries of the English Nation, vol. iii. p. 631–666.

¶ Abkurzung von der Anleitung zur Technologie von J. Beckmann, p. 154. Leipzig, 1825. 8vo.

In the year 1603 King James I. arrived in London, the sole monarch of the British Isles, and to attack tobacco with fierce animosity was one of his first acts. The same year he published anonymously his *Counterblast* (which I intend hereafter to review), and the maledictions of his pen were succeeded by compulsory laws and enactments. But notwithstanding the royal invectives of James against tobacco, and the vein of religion running through them, he was not particularly abstemious or godly, and his course seems at first to have been directed by merely that caprice for which he was so remarkable. Sir Walter Scott, while giving a description of this monarch, says,[‖] "He was laborious in trifles, and a trifler where serious labor was required; devout in his *sentiments*, and yet too often profane in his language—in a word, only entitled to the character bestowed upon him by Sully—that he was the wisest fool in Christendom." Dalzell tells us, "he would make a great deal too bold with God in his passion, both with cursing and swearing, and a strain higher verging on blasphemy."* So much for the piety in his fulminations against tobacco, and the strict devotion attributed to him by the translators of the received version of the Bible, when they dedicated the work to him; but in the matter of temperance he was equally deficient. Roger Coke says expressly that "he was excessively addicted to drinking,"† and Sir Anthony Welldon informs us his beverages were of no mean "strength," such as "Frontiniac, Canary, high country wine, tent wine, and Scottish ale."‡ The first law of James against tobacco was undoubtedly founded on his great hostility to the weed, for it was not then cultivated extensively in Virginia for exportation, and was not the great staple it afterwards became in the American Colonies: when this was the case, the same cant was kept up in the ordinances, while the object was by grinding and tyrannous taxation to minister as effectually as possible to the royal coffers. In 1604 he issued his *Commissio pro Tobacco*, and I shall make some extracts from the enactment as I find it given in the voluminous legal compilation of Thomas Rymer.§ This law raised the duty on a pound of tobacco from *two pence* sterling to *six shillings and eight pence*. James sets forth as his reasons for so great an increase in the excise, that it was "through evel custome and the tolleration thereof, excessively taken by a nomber of ryotous and disordered persons of meane and base condition, whoe, contrarie to the use which persons of good callinge and qualitye make thereof, doe spend most of their tyme in that idle uanitie, to the evill example and corrupting of others, and also do consume that wages whiche manye of them gett by theire labour, and wherewith there families should be relieved, not caring at what price they buye that drugge, but rather devisinge how to add to it other mixture, therebye to make it more delightful to their taste, though so much more costly to their purse, by which great and immoderate takinge of tobacco the health of a great nomber of our people is impayred, and their bodies weakened and made unfit for labour, the estates of so manye meane persons soe decayed and consumed as they are therebye driven to unthriftie shifts onelie to mayntayne their gluttonous exercise thereof, besides that also a great part of the treasure of our land is spent and exhausted by this onelie drugge so licensiously abused by the meaner sorte," and so he goes on, line after line, with his interminable sentence, coming at length to the mainspring of the whole—the "somme of *six shillings and eighte pence* uppon everye pond waight thereof," and concluding with severe penalties for violating the commission.

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[*] "Un peu apres, les Avocats mirent fin à leur accusation, et Messieurs les Pairs à leur confitures et à la biére; car cependant que le Conte et les avocats plaidoient, Messieurs bauffroient comme s'ils n'eussent mangé de 15 jours, prenant aussi force tabac. Puis s'en allerent en une salle pour donner leur voix; où, bien saouls et bein yvres de tabac, condemnérent les deux Contes."—Memorials of Affairs of State under Elizabeth and James I. Sawyer's edit. vol. i. p. 296. Lond. 1715. fol.

[†] Criminal Trials, &c., vol. xvi. p. 361. Philad. 1835.

[‡] Every Man in his Humor, Act iii. scene iii.

[§] Gifford's Works of Ben Jonson, vol. i. p. 98.

[‖] The Fortunes of Nigel, vol. i. chap. v. p. 88.

In 1605, the next year after the foregoing decree, King James attended a disputation in one of the Oxford colleges, where the question was, "*Utrum frequens suffitus Nicotianæ exoticæ sit sanis salutaris?*" The British Solomon, as his admirers called him, acted as moderator, and one can easily judge which side he favored. His efforts against the "Indian weed" only brought him the contempt and indignation of its lovers, without abating the progress of the indulgence. Even the Rev. Dr. Belknap speaks sneeringly of the "*refined* taste" which led James to hold it in "great abhorrence," and he tells us "all his zeal and authority could not suppress it, or prevent the use of it among his subjects." He laughs at the monarch's "*squeamish* aversion to tobacco," and at the "princely wisdom" which induced him to write a book against its use.[*]

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* Sketches of Scottish History, p. 86.

† Detection of the Court and State of England, p. 70. Lond. 1697.

‡ Court and Character of James I.; or a General Discourse of some Secret Passages of State, &c. vol. ii. p. 3. Edinb. 1811.

§ Fœdere Conventionis, Literæ et cujuscunque Generis Acta Publica inter Reges Angliæ, &c., tom. xvi. p. 601. Lond. 1704—35. fol.

The custom of smoking tobacco was introduced into Constantinople in 1610,[†] and it was thenceforth as much an article of sale at the Turkish coffee houses as opium itself; and yet the article they used was for a long time a refuse quality termed *mundungus*, which they bought of the English, though at the present day one of the most expensive kinds of tobacco is raised by the Turks, and is called *ellsham*. Tobacco, however, did not establish itself peaceably in Turkey. "The higher powers" at first opposed it, and as a specimen of the penalties it may be mentioned that Morat Bassa commanded a pipe to be thrust through the nose of a person who had offended by smoking, and caused him to be publicly led through the streets of Constantinople in this degrading predicament. Sandys, who was in Turkey about this time, chronicles the fact, in the narrative of his journey. "The Turks," he says, "delight in tobacco, which they take thorow reeds that have joyned unto them great heads of wood to contain it. I doubt not but lately taught them, as brought them by the English; and were it not sometimes looked into (for Morat Bassa commanded a pipe to be thrust through the nose of a Turk, and so to be led in derision thorow the city), no question it would prove a principal commodity. Nevertheless, they will take it in corners, and are so ignorant therein, that that which in England is not saleable, doth pass here amongst them for most excellent."[‡]

In 1614, immediately preceding the visit of James I. of England to Cambridge, and in expectation of it, a series of regulations were issued to govern the students during his stay, of which the tenth article, as given by Nichols, in whose work I find a reprint of the whole, is as follows:— "That noe graduate, scholler, or student of this Universitie presume to resort to any inn, taverne, ale-house, or tobacco-shop, at any time during the abode of his Majestie here; nor doe presume to take tobacco in Trinity College Hall, uppon payne of final expellinge the Universitie."[§] The *Orders*, we are told on the next page (45), are copied from Cole's Manuscripts in the British Museum, and Nichols says Cole "derived them from a book in the hand of Mr. Tabor, Registrar of the University in 1614."

During the same year a masque was acted before King James and in his honor, by the gentlemen of Gray's Inn, in which tobacco played a conspicuous part, and which arose out of a brawl, characteristic of the period, between Edward Hawley, a law student, and one Maxwell, a favorite of James.[*] The monarch *compelled* a reconciliation, and afterwards, in token of still further amity, and under the patronage of Sir Francis Bacon, the students of the Inn to which Hawley belonged, exhibited before James a play which was immediately published, entitled the "Maske of Flowers." In this, Silenus, one of the characters, sends a challenge to Kawasha, "That *Wine* is more worthie than *Tobacco*, and cheereth man's spirit more."[†] The whole masque is given in Nichols's work, but the passages respecting tobacco are too numerous to cite. In the description of Kawasha's apparel we are told that he had "vases of tobacco-color stuffe, cut like tobacco leaves, sprinkled with orcedure, and in his hand an Indian bow and arrowes." Silenus and he carry on a poetical disputation with much heat; and much to James's dissatisfaction, as we can have no doubt, Kawasha comes off victor, and this in the very face and eyes of the author of the *Counterblast*. No wonder his Majesty came down upon the weed with new taxes and new decrees, till the tobacco laws almost caused civil war in Virginia: but concerning these facts and others, will they not be written in another number of these *Nicotian Chronicles*?

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[*] American Biography, vol. i. p. 318, 319, and vol. ii. p. 169. Harper's edit.

[†] Abkurzung von der Anleitung zur Technologie, p. 156.

[‡] Travailes, containing an History of the Turkish Empire, &c., p. 52, 6th edit. Lond. 1658. fol.

[§] The Progresses, Processions and Magnificent Festivities of King James the First, &c. By John Nichols, F.S.A., vol. iii. p. 44. Lond. 1828. 4to.

ON INTESTINAL WORMS.

From the Lectures of C. J. B. Williams, M.D., F.R.S.

I WILL, now, briefly refer to *intestinal worms*—parasitical animals formed in the intestines. These are of three kinds, which are especially worthy of notice. The *round* worm, the *thread* worm, and the *tape* worm. The round worm, the *ascaris lumbricoides*, or *lumbricus teres*, is found in various parts, chiefly of the upper portion, of the canal. It has been found, also, in the gall-ducts, and has been known to make its way into the substance of the liver. This form of worm varies from an inch and a half to twelve inches in length; sometimes, it is only solitary—but, in some instances, a great number have been found together. In one case, it is said that five hundred were vomited in a fortnight. Dr. Hooper mentions a case, in which two hundred were passed, upwards and downwards, in the course of a week. They appear to feed on the mucus of the intestines, and to be produced by a diseased state of the bowels. Colicky pains, swelling and hardness of the abdomen, slimy stools, the appetite very often in excess or variable, fœtid breath, loaded tongue, bowels very irregular, irritating discharge from the nose with a great tendency to pick it, starting in the sleep, with convulsions, pallidity of the face, dark circle round the eyes, dilatation of the pupils, loss of flesh, and all sorts of convulsive affections: such are the signs which have been associated with worms. But some of them exist without worms, and some arise merely from intestinal derangement, particularly in young subjects; and, again, worms may exist without any of the foregoing symptoms. However, I think we are justified in supposing that they are concerned in producing some of these symptoms, inasmuch as the removal of the worms is followed frequently by the cessation of these symptoms; so, likewise, it appears that the presence of worms in the intestines aggravates other diseases of every description. I remember the case of a child who had a severe form of hooping cough, so severe as to threaten some affection of the head; in fact, the child had convulsive fits. I found that the child passed some round worms, and then the hooping ceased. The worms, no doubt, proved the source of reflex irritation, increasing the excitability of the spinal marrow, in a direction remote from the source of affection.

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[*] For more particulars, see Scott's Tales of a Grandfather, &c., second series, vol. i. chap. ii. p. 29, Boston, 1839.

[†] Progresses, Processions, and Magnificent Festivities, &c., vol. ii. p. 739.

The next variety is, the *ascaris vermicularis*, or thread worm, as it is commonly called. It varies in size, its length being usually about half an inch. The rectum is the habitat of this animal, where it exists in myriads, and passes out in numbers into the bed upon which the patient lies. They are exceedingly troublesome and irritating, particularly at night. The patient, when he becomes warm in bed, feels *tenesmus,* and a desire to go to stool, and a slimy mucus is evacuated. Sometimes, other symptoms of irritation take place, and the urinary and sexual organs share the irritation of the rectum, and, with a frequent desire to make water, there are troublesome erections, and so forth. Sometimes, however, curiously enough, *ascarides* will exist in persons of very good health; and we are not sure of their presence until we see them ejected from the body. This is the second variety of worms.

Before speaking of the *tænia,* I may mention the *trichocephalus dispar*, which is remarkable for the disproportion of the head to the rest of the body. The short end was supposed, at one time, to be the tail; hence it was called *trichuris.* It is now ascertained, however, to be the head. It is not supposed to originate any peculiar symptoms, but is found in many cases where patients have disease of the abdomen. It is much longer than the common *ascaris,* more slender than the *ascaris lumbricoides*, and quite different to, and much smaller in size than, the *tape-worm.* Now, let us take up the tape-worm, the *tænia solium* and the *tænia lata.* The *tænia solium* consists of a jointed body, terminating in a small head, furnished with four suckers. The length varies, but some are recorded as of extraordinary dimensions. Pliny describes one as 300 cubits long, and a German writer records one that measured 300 feet. There are many accounts of these worms, more curious than authenticated. It is related that a man partially voided a tape-worm in the privy, and that its head stuck there, he walking into the house with the other part attached to his body, and thus reaching all over the garden. It is perfectly credible, however, that one may reach from the pylorus to the anus, extending along the whole length of the intestinal canal, and, under such circumstances, the tænia has been known to put its head out of the anus and then draw it back again. The largest real specimen, contained in any museum, is shown at Vienna, which measures 24 feet. There is a variety of tænia not common in this country—the *tænia lata:* it is broader and jointed, and is also called the *bothriocephalus*, or broad tapeworm. It is met with in Switzerland, Russia, Poland, and France, but very rarely in this country. The symptoms that attend the presence of tænia, are supposed to be: colicky pains in the abdomen, and an aching sensation, felt especially towards the flanks; itching at the anus, as in the case of ascarides; picking of the nose; and a feeling of gnawing and uneasiness, which is removed after eating; the appetite is deranged, as in other cases of worms. The symptoms which are associated with tænia, have no peculiar characters:—dilatation of the pupils, imperfect vision, a sort of giddiness, lassitude, various forms of catalepsy, and palpitation, have been associated with these worms. Such cases are not very common. Worms appear to be promoted by a feeble state of the digestive organs, and of the whole frame; unwholesome food seems to be a promoting cause, and also excess of vegetable food. The natives of India, who feed exclusively on rice, appear to be much infested with worms. Damp and unhealthy localities promote them. This is the case in Holland and Switzerland; young age and scrofulous habits appear to be favorable to them; but they also occur among adults. They are bred by ova, which are deposited in various parts of the system; but where they come from, is a mystery. Some of them are found in the lower animals. There is a remarkable fact about them: they are killed by some diseases affecting the human body: typhoid fevers are very apt to prove fatal to worms. Some have considered fevers to be created by them. The habitual use of stimulating liquors is unfavorable to them. This is one reason why they are more common in women than in men. Sometimes, there is an hereditary disposition to the occurrence of them in families.

The *treatment of worms*, generally, consists in attempts to dislodge them by purgatives. This indication is to be followed in all cases, in the first instance, even where worms are only suspected, or where the different symptoms that I have mentioned occur; because, in fact, if worms are not there, there is a sort of disorder of the intestinal canal, which will be benefited by purgatives. Therefore, where these symptoms exist, it is useful to give calomel and jalap, or calomel and colocynth, which tend to work them off. Simple purgatives are useful to dislodge the round worms, but worms of the other kinds take such strong hold that they require to be killed before they can be dislodged. Nothing does this so effectually as oil of turpentine. This is the great vermifuge or worm poison. It should be given in doses of two drachms, followed by castor oil. In the case of ascarides, injections are more suitable. These attempts sometimes bring away merely individual joints, but the cure is not effected until the head is dislodged. The joints are propagated indefinitely, and, therefore, it is necessary to remove the head and all the joints. The head may be digested or decomposed, but that cannot always be indicated. The dose requires to be repeated until the whole seems to have come away. Under these circumstances, should the turpentine produce irritation of the rectum and the urinary organs, instead of being given daily, it should be administered every other day. Strong doses irritate the urinary organs much less than small ones. In the treatment of ascarides, it is requisite to repeat the dose again and again, because these worms nestle in such numbers that gentle applications of turpentine will not reach them. It is necessary, sometimes, even to scoop them out with a small wooden spoon or scoop. Turpentine injections for the rectum should be moderate in quantity. In the intervals, it is sufficient to give mild aperients and diluents, to carry off the effect of any irritation produced by the influence of these strong remedies. In weakly subjects, it is proper to give tonics: iron, in some of its forms—the carbonate, tartrate, or sulphate of iron. There is frequently a great quantity of mucus discharged from the intestines, in connection with worms—and, in this case, it is found to be of great advantage to give a compound of tincture of benzoin with the iron. Another remedy, too, very powerful in the case of worms, is pomegranate bark, given three times a day, in doses of half a drachm; or else in the form of a decoction of half an ounce of bark to one pint of water, and of this two ounces should be given every half hour, until six doses are taken. This acts, not as a purgative, but as a peculiar poison to the worm. It is not a poison to the human frame, nor does it produce any remarkable disturbance. After the exhibition of these six doses, a good dose of castor oil should be given to sweep away the worms. Where these insects show a great tendency to reproduction, we should adopt measures to obviate this. The diet should be simple, with a proper proportion of animal food, avoiding crude vegetables, and taking a sufficient quantity of salt. With the animal kingdom—horses, particularly—salt is a very good remedy, and is itself used as a vermifuge.—*London Med. Times.*

THE BILATERAL OPERATION OF LITHOTOMY.

By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

SINCE the publication in the April No. of the American Journal of the Medical Sciences, of four cases of the bilateral operation, I have had another opportunity of removing a stone from the bladder, by the use of the double lithotome cache.

The first and leading article in the last No. of the Journal referred to (Oct. 1844) is, "On the Bilateral Operation of Lithotomy; and on Lithotrity in the Female: By John C. Warren, M.D., Professor of Anatomy and Operative Surgery in Harvard University, Boston." In presenting to the profession the four cases successfully operated upon by my friend, Dr. Ogier, of Charleston, and myself, I stated my belief that they were the first, at least in this section of the country, wherein the double lithotome of Dupuytren had been employed; and I also ventured to recommend this mode of operating as superior to the one in general practice. It is no small gratification to find this opinion defended by so distinguished a surgeon as Professor Warren, of Boston—the very head of the profession in New England.

Dr. W. states that in the course of 40 years' practice, he has been called upon to perform all the operations of lithotomy in Boston. These amount only to 25 cases, 3 of which alone were natives of that city or its vicinity—of this number 2 died, one from suppuration in the pelvis. This was a patient of bad constitution, with stone adherent to the bladder; in the other case, death occurred the fifth day from general peritonitis, after the patient had indulged in eating heartily. This brief report furnishes two interesting facts—the success of the operation, especially as no selection was made of cases; and secondly, the exemption from urinary calculi in the city of Boston.

In explaining the immunity thus enjoyed by the inhabitants in and about the capital of New England, Professor Warren is inclined to attribute it to the circumstance, that there exists no calcareous rocks or soils near that city—an explanation, which, although it will not be admitted as satisfactory on the other side of the Atlantic, is correct so far as my observation extends in the Southern States of our Union. In a biographical sketch of the professional career of Joseph Glover, M.D., of Charleston, prepared by Drs. Bellinger, Whitridge, and Porcher, for the Medical Society of South Carolina, and published in the American Journal of Medical Sciences, we find the following sentences:—"Calculous diseases are so rare in this locality, that to have cut for stone in the bladder constitutes an era in the professional career of our surgeons. As late as 1808, only three operations of the kind could be 'distinctly and certainly recollected as having been performed' in Charleston. * * * Up to the present time (Dec. 1840), continues the Committee, only seven operations for stone in the bladder have been performed upon persons who were natives, or who had been for many years residents of Charleston."

The following extract from a letter of my friend, Dr. Kollock, an estimable physician of several years' practice, gives a report on this subject from Savannah:

"In compliance with your request, I have endeavored to obtain for you all the information which we possess on the subject of urinary calculi, and the operation of lithotomy, in Savannah and its vicinity. I have inquired of our oldest practitioners, in regard to their observations on this point, and all, without an exception, state that they have never met with a single case in their own practice, nor ever heard of one in the practice of any other physician or surgeon who has lived here.

"The advocates of the theory of the influence of miasmata in its production, will find it difficult to maintain their position in this region, and will probably be under the necessity of acknowledging that, if a residence in a calcareous district is not absolutely necessary and the sine qua non to the production of stone in the bladder, it is a very important link in the chain of morbid causes."

From Norfolk, in Virginia, to New Orleans, along the whole sea coast, so far as I have been able to obtain information, the occurrence of urinary calculus is quite rare; and it is only as we approach the mountainous regions that we find the number increasing. But two cases, so far as ascertained, have originated in Augusta—one was operated upon in

New York, some years ago; and the other is the one now about to be submitted to the reader's attention. My other cases already reported, were from abroad—that is, from the upper calcareous parts of the country. So far, they corroborate the opinion of Dr. W. in relation to the origin of stones in the bladder—that they are rather the product of calcareous waters than of atmospheric vicissitudes.

Professor Warren says—"The particular object which I have in view in this communication, is to direct the attention of the profession to the best mode of doing the operation of lithotomy. I have till recently performed the lateral operation, formerly with the gorget, and latterly with the knife. In the two cases alluded to above, which terminated unfavorably, the gorget was employed. Accident led me, a year or two since, to examine the merits of the bilateral operation more exactly than I had ever done before. In this investigation I many times dissected the organs concerned in this operation, both before and after having been done on the dead body. The result was so satisfactory, that, in a case particularly adapted for this mode of operating, I ventured to do it on the living body, and found it to be comparatively so easy in the performance, and so successful in the result, that, in the next case which presented itself, I was induced to repeat it. These cases, I ask leave to bring before the profession in this country, in order to invite their examination into the merits of this mode of extracting stone from the bladder."

It is right to state that this distinguished surgeon objects to the lithotome, and makes the incisions in the prostate gland, with a straight, short, narrow, probe-pointed knife. He also states that the bilateral operation, called Dupuytren's, was originally proposed by the late Professor Ribes, of the School of Medicine in Paris; the former giving it character and stability by his descriptions and engravings. Dr. Warren concludes by remarking, that, although he should not feel justified in recommending the bilateral operation for general use, from his limited experience with it, yet, from the lights before him and his views on the subject, he feels disposed to employ it in most cases where lithotomy is required, in preference to the lateral operation.

In the October No. (1842) of the American Journal of Medical Sciences, will be found an article by Dr. Josiah C. Nott, of Mobile, Ala., on the subject of lithotomy; in which the following paragraph occurs: "It should be remembered that Dupuytren saved, by the bilateral operation, in the foul air of the Hotel Dieu (the largest hospital in Paris), 26 patients in succession; a success perhaps even more astonishing than that of Prof. Dudley, when all the circumstances are considered." Doubtless my medical friend in Mobile believed, when he published this article, that his data for the above successful report was reliable; but since then facts have been revealed, by which it is now ascertained, that the late celebrated Surgeon in Chief of the Hotel Dieu, lost, at least, one in every six cases he operated upon for stone. This much is due to truth.

Case.—Lewis, a mulatto boy, 3 years old, had been laboring under the symptoms of stone for several months. Having satisfied myself of its presence, by sounding, and with the finger in the rectum, and having prepared the patient for the operation, it was performed on the 8th of June last. The patient being secured in the usual way, the semi-lunar incision was made between the bulb of the urethra and anus, with its convexity to the scrotum, and down to the staff in the membranous portion of the urinary canal, through which it had been previously introduced into the bladder. To the groove of the staff thus exposed, was adapted the beak of a double lithotome, of a small size, which had just been received from Charriere, of Paris. This instrument was introduced into the bladder, the one in the urethra withdrawn, the lithotome turned upon its own axis, so that its concavity was towards the rectum, and its blades being expanded it was drawn out in lowering the handle. A gush of urine indicated the opening made in the bladder, through which the finger introduced felt the stone, which was extracted by a small pair of forceps. From some little delay in the seizing the calculus, and the alarm of the patient, the operation lasted twelve minutes.

This little patient, like the others upon whom I had operated upon for stone by this mode, had a remarkably rapid recovery. The urine in a few hours passed *per urethram*, and all the dressing applied was a small strip of plaster over the wound in the perineum. No catheter was introduced during the treatment. He had a little fever for the first forty-eight hours after the operation. He sat up in bed on the fourth day, and on the eighth was considered well. He did not, however, recover the full tone and control of the bladder for some days afterwards. The calculus weighed about ʒ iss., and was of the mulberry variety.—*Southern Med. and Surgical Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 15, 1845.

Quarters of Surgeons' Mates.—By a recently promulgated order, Surgeons' Mates in the U. S. Navy, on board all national vessels, are entitled to mess and have quarters with ward room officers, and are to receive the usual courtesies and ceremonies of such officers. This is the reform we believe which has long been considered necessary, and which was contended for by a writer in this Journal some months ago. Heretofore, surgeons' mates have been without a locality, on shipboard, which afforded much of comfort or convenience. Whatever their claims may have been on land, as gentlemen, when afloat all marked attention seems to have been abandoned, and they were in reality just *nothing at all*, compared with every other officer on board. Whether this order, emanating from the Secretary's office, actually remedies all the evils which they have complained of, we are unable to determine. One fact is certain, that thus far something has been effected that ameliorates their condition.

Value of Rational Experience—Dr. Darrach's Lecture.—At the opening of the lectures the present season in the Pennsylvania College, William Darrach, M.D., Professor of Theory and Practice of Medicine, as custom required, gave an introductory, which the class has published. We always regard a movement of this kind, from the medical students, as a compliment of no every-day character. It not only gives the professor confidence in his hearers, but exhibits their faith in his abilities and determination to advance their interests. The subject of the lecture is *Rational Experience* in Medicine. A few of the closing sentences we copy below, and others may be inserted hereafter.

" Such, gentlemen, is the history of medicine. It shows you an Acron, an Hippocrates and a Galen. The empiric, the reasoner on facts, and the reasoner without facts. The ant, the bee, and the spider of medicine.

" The first constitutes the community at large, who have any sympathy for the sick, together with those who would improve these nostrums and panaceas. The last constitutes the medical-book and system makers, who have, as their end, a vain, selfish fame.

" Neither of them is medical science. If they were, my strong inducement, which I have labored so hard to exhibit, would be vain. No! Empiricism and Galenism are uncertain and transitory, but medicine, Hippocratic medicine, is made of lasting materials. Galenism, it is true, seemed to be also made of such materials, but it has come to an end, and was never anything else than a splendid error. *Sic transit gloria Galenis!* Not so that of Hippocrates and true medical science. It is true, gentlemen, that everything worldly is changeful, tending to its pristine elements. The furniture of this world wears out; its fashion perishes; yet in the midst of all this evanescence there are a few fixtures. These fixtures are not its generations, its empires, nor its imperial roads and its cities, perhaps not even its pyramids. They are that common law which lifts oppression; that cheering gospel which demonstrates a resurrection and declares an endless life; and that Rational Experience, that empiralogy which is for the healing of the sick. Here, then, is the true position of our science; an associate of justice and mercy, the father of medicine is niched in between Socrates and Plato. Her dwelling places have not been modern colleges and universities only, but also ancient temples. Kings and patriarchs, sages and prophets—the subject of prophecy himself and his apostles, have been her practitioners. It is true, that successive errors, as we have shown, have encumbered it; that for ages a poisonous parasite has run across and spread over it, which, to please its worshippers, has been twined into various fantastic shapes; that for a time she has been buried under Mahomedan prejudices, and that subsequently it has been mantled with pseudo-Christian superstition, yet broadly based it exists, still exists a time-honored science!"

Medical Controversy in Kentucky.—Some months since, reference was made in the Journal to the criticisms of a physician of Lexington, on the organization of the Medical School of Transylvania University. The substance of the complaint was, that one of the faculty had had too much influence in the institution, which had resulted unfavorably for the school, by alienating some of its warmest friends. Having heard nothing of late in regard to the matter, it was presumed that amicable relations were re-established, and the current of feeling, in every breast, was running smoothly and harmoniously. But man is a restless being—never is, but always to be, blest. T. B. Pinckard, M.D., of Lexington, now boldly adresses himself to the great public—not so much to excite sympathy, as to re-assert a former declaration, that there is a rotten borough within his ken, that needs a little parliamentary reforming. In an article of his in the Observer and Reporter, great complaint is again made of the course of Professor Dudley, which is assigned as one of the chief causes of the decline of the school. From the same paper in which these cauterizing paragraphs appear, we take the following editorial—that gives an entirely different view of the present condition of the medical school.

"In regard to the prospects of our Medical School, we must be permitted to say that its friends regard the size of the class now assembled in its halls as, under the circumstances, every way flattering to the future prosperity and usefulness of the institution. The vacation of two of the Chairs in the institution, after the termination of the last winter's lectures, and the inevitable consequence of such an event, have tended to diminish the number somewhat; but the present organization of the school, it is confidently believed, will eventually fill its halls and restore her to her former state of prosperity."

Without entering into the particulars of the difficulty, which ought to have a finale, we must be permitted to say that our sympathies are strongly enlisted on the side of the present faculty. Some of the gentlemen we have the honor of knowing personally, viz., Drs. Dudley, Richards and Lawson, who are indefatigable laborers, and can have no predominant self-interest to gratify, at the expense of an institution that has outlived many storms, and which, like a staunch ship, we think will still ride triumphantly over the billows of opposition. It is for the purpose of keeping medical readers apprised of all movements that belong to the circle of medical news, that we make mention again of the complaints against this school.

Medical Invalid Assurance Office.—There is a life assurance office in London, in which those whose lives are held to earth by the feeblest tenure, may make provision for their friends and families. Distinguished as the people of New England are for driving good bargains, and developing new and surprising schemes for raising an honest revenue, the English money dealers have certainly outstripped the Yankees in one respect, viz., creating an income out of the most hopeless class of valetudinarians. The London Medical Invalid and General Life Office, assure, or, as we say, *insure*, the lives of invalid members of consumptive families, &c.; so that by paying comparatively a small fee, annually, the friends or immediate family of the person insured, instead of being left utterly destitute, perhaps, by the death of some individual, are actually made more comfortable by the melancholy event. The statistics of diseases are so well understood in England, that there is said to be even less risk in insuring upon the lives of invalids, at the present fixed rates of premium, than upon those of healthy individuals.

Life insurance is comparatively new in New England, but one or two offices have been opened in Boston, where the premiums are exceedingly favorable for people in health, even those of very moderate means. If some office would copy the bold system of their London prototype, and grant policies on the lives of invalids--such persons, for instance, as are annually obliged to visit the Southern States, St. Croix, Jamaica, St. Domingo, &c., during the severity of our northern winters, on account of a threatening pulmonary disease, a two-fold benefit would be realized—the business of the office would be increased, while the sick man would have the delightful consolation of knowing, that should he, in the order of Providence, not be permitted to return to the home of a beloved family, his death would secure to them a sum to protect them against the sufferings of poverty.

New Method of Filling Teeth.—Mix thirteen parts of pure, finely-powdered caustic lime, with twelve parts of anhydrous phosphoric acid. This powder is moist during the mixing, and while in that condition is to be introduced into the decayed tooth. The place in the tooth is to be made dry before receiving the mixture. This kind of filling must be used within two or three minutes after being prepared. Soon after it is lodged in the decayed cavity, it becomes very solid. Time enough has not elapsed since the discovery, by M. Ostermaier, to decide upon its value and probable duration. His object was to imitate, in this composition, the constituent principles of the enamel of the teeth.

Purchasing Diplomas.—Those who are curious to see for themselves, will find a standing advertisement on the advertising page of the London Medical Times, which is as follows.—"Any *legally* qualified practitioner, desirous of obtaining the degree of M.D., may, through the assistance of the advertiser, receive the same from one of the oldest Continental universities, without absence from home. Total expense, £40. Address, post-paid, with full name and nature of qualifications, to Dr. John Bond, 24 Cornhill, London."

There would be no wonder at the universal cry of *medical reform* which now rings through Great Britain, if it was to be directed to the correction of such barefaced mismanagement as this. It cannot be at Aberdeen, we think, that applicants succeed with *forty pounds*, because (besides this not being a Continental university) ever since a gentleman procured the degree of LL.D. for a donkey at that college, the price of diplomas has been raised altogether above ordinary vulgar means.

Medical Journals.—The new year has brought about some changes in medical as well as other periodicals, and has witnessed some addition to the number. The Philadelphia Medical Examiner, under the editorial management of Prof. R. M. Huston, of the Jefferson Med. College, is hereafter to be issued monthly, in numbers of 72 pages each. It was formerly published in weekly numbers, but for the last year or two has been issued once a fortnight. It will contain clinical lectures and reports from the medical institutions in Philadelphia, and the other usual variety of medical matter, and will doubtless maintain its reputation of a valuable and interesting scientific journal.—Our own periodical is now the only one of the kind in the country which visits its readers oftener than once a months.

We perceive that the Southern Medical and Surgical Journal, which was some years ago discontinued in Augusta, Geo., has been revived, under the superintendence of Drs. Paul F. Eve and I. P. Garvin. It takes for its motto—" *Je prends le bien où je le trouve ;*" an excellent rule for a journalist, if the source from which he takes is acknowledged, as we doubt not it will be in the case of these editors. This Journal formerly comprised many communications of much practical worth, and we think will again prove a valuable addition to the list of American medical periodicals. The proprietors, however, must expect but a scanty remuneration for their outlays.

The London Lancet, the mutilated reprint of which was noticed some time since in this Journal, again appears in an American dress, that edition of it having been discontinued. It now comes out monthly, at $5 a year. The parts of the original work which are really valuable are doubtless worth that sum : but it is a wasteful use of paper and type to print, for American readers, a large portion of the contents of that mammoth sheet. " The Government Reform Bill," which is the heading often for 6, 8, and 10 pages in a number, with other purely local matters, are far from being interesting to medical practitioners on this side of the Atlantic ; and most of that which is truly worth reprinting, finds its way to American readers through the pages of their own journals in early extracts from the London copy. The American publishers deserve credit, however, for their enterprise, and they intend, as we understand, to make a handsome work of it.

Localities of Fevers in Cities.—Dr. Southwood Smith, a physician of great eminence in London, was called before a parliamentary committee, in order to give a professional opinion in regard to the prevalence of fevers in that city. He stated that when a fever exists, its locality may always be determined by examining a map of the metropolis in the office of the commissioner of sewers.—" *Where the sewers are, there the fevers are not ; where the sewers are not, there the fever is.*"

Boston is better drained by sewers than any city in the Union. No waste water runs in the open gutters, and this one fact explains, in a good degree, the general good health of its citizens.

Journal of Insanity.—The third No. of this publication was received on Monday, filled with a variety of interesting articles. The leader is on the *Poetry of Insanity*, by Pliny Earle, M.D. Another week will enable us to look further into its pages.

Rhode Island Lunatic Asylum.—The site has been selected, and a valuable farm consisting of from fifty to an hundred acres, has been purchased for the Asylum. It is situated about half way between the city of Providence and Pawtucket. The location is said to be a good one, combining variety and beauty of prospect with retirement. We understand that suitable buildings will soon be erected.—*American Jour. of Insanity.*

First Lunatic Asylum in the United States.—This was in the city of New York, and on the precise spot where now stands the City Hall. It was erected above one hundred years since, and consisted of a building sixty feet by twenty-four, two stories high. Into this was received the indigent poor, the sick, the orphan, the *maniac*, and the refractory. Dr. John Van Buren was the first physician. His salary was one hundred pounds a year, he finding medicine.—*Ibid.*

Yellow Fever in Cuba.—In all the maritime towns yellow fever prevails from June until November, often commencing in May. Sporadic cases occur all the year round in Havana, especially during long spells of wet and warm weather in the winter. I have heard merchants declare that it did not originate in Havana, but made its appearance in that city always after the arrival of vessels from St. Jago de Cuba. I know not to which place those of the latter city trace its origin. The interior of the island is as healthy as France, fevers prevailing only along the water courses and swamps, and those chiefly intermittent. The red lands are the most healthy, sickness being there produced only by the greatest exposure, many of the negroes becoming unwell from lying down on the wet grass when heated by labor.—*Notes on Cuba.*

Medical Miscellany.—A medical student, in Philadelphia, drew a dirk upon a gentleman in the street, and was consequently arrested.—Dr. Hepburn, with an assistant, has charge of the new hospital at the city of Amoy, in China, under the patronage of the Medical Missionary Society. —Dr. C. G. Page, of Washington, D. C., has made a grand discovery in regard to the mode of conducting the magnetic telegraph.—Dr. J. B. Irving has been elected grand master of the Masonic Fraternity of South Carolina.—The influenza, attended with fever, prevails extensively at Washington, D. C.—In Greece, with a population of one million and a half, there is said to be only 85 licensed practitioners of medicine.—Preparations are making for another irregular institution, for manufacturing irregular practitioners, in Alabama.—Miss Browning, the Kentucky giantess, has been greatly reduced by sickness at Cincinnati, and now wishes to let herself for exhibition, to pay expenses.—A marine hospital is building at Key West.—A class of 290 are attending clinical lectures at the Blockley Hospital, Philadelphia.—Fewer medical students are represented to be in London, the present lecture season, than usual.—A statue of Sir Astley Cooper has been erected in St. Paul's Cathedral, raised by subscriptions from the profession.

TO CORRESPONDENTS.—Dr. Brown's article on the use of cider in fevers has been received.—Dr. Hodgkin's essay on fever, which was published in the Journal of the 1st inst., was reported on by two of the committee to whom it was referred, in separate reports, one of which is inserted this week, and the other will be given next week.

MARRIED,—In this city, William T. Parker, M.D., to Miss Clementina Morse. In Taunton, Mass., Dr. Alfred S. Baylies to Miss Jane L. Richmond.—At Lexington, Ky., Dr. William W. Henderson, of Crittenden, Ky., to Miss Susan H. Parrish.

Number of deaths in Boston, for the week ending Jan. 11, 43—Males, 20; Females, 23. Stillborn, 2.
Of consumption, 9—worms, 2—dropsy on the brain, 2—cancer in the eye, 1—brain fever, 1—croup, 2—teething, 2—fever and ague, 1—scarlet fever, 4—paralysis, 1—infantile, 3—slow fever, 1—typhus fever, 3—hooping cough, 1—disease of the kidney, 1—tumor, 1—quinsy, 1—lung fever, 3—old age, 3—inflammation on the lungs, 1.
Under 5 years, 20—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 4.

The Valerianate of Quinine.—Dr. F. Devay, already known to the profession by his researches on the mode of action of the valerianate of zinc, has just published the result obtained with the valerianate of quinine, first described by Charles Bonaparte, prince of Canino, correspondent of the Academy of Sciences, Paris. This substance is not only useful in intermittent fevers, especially those produced by sudden moral emotions, in which the attacks are owing to the excited state of the nervous system, but likewise in all affections of a malignant, ataxic, or adynamic character. It is composed of one equivalent of valerianic acid, one of quinine, and two of water of crystallization ; it crystallizes in octahedrons or hexahedrons, or in light, silken masses ; offers a slight smell of valerianic acid ; bitter taste ; soluble in water, alcohol, and olive oil ; decomposed by the mineral, and almost all the organic, acids ; at 194° F. it loses an equivalent of water and melts like resin ; at a higher temperature it is decomposed, and mono-hydrated valerianic acid is disengaged ; the aqueous solution, at 212° F., is also decomposed, and small globules, like oil, soluble in alcohol, insoluble in water, appear on the surface of the liquid. *Mode of preparation.*—It may be obtained by double decomposition, by mixing together the alcoholic solutions of the valerianate of lime, or baryta, and the sulphate of quinine; the following mode, however, though somewhat longer, is preferable :—to an alcoholic solution of quinine, add, first, valerianic acid in slight excess, and then twice as much distilled water ; submit the whole to a gentle heat (not above 122° F.) ; as soon as all the alcohol is evaporated, the valeriante appears in beautiful crystals, which, after a few days, must be separated from the mother water and dried in the open air. The diseases in which it has been given are : *febris intermittens* (quotidian, tertian) ; one case had resisted, though gr. iv. of the sulphate of quinine had been administered for a dose ; in another, the fever was complicated with delirium ; and in a third with coma ; finally, in two others, with ataxic, and ataxo-adynamic symptoms. *Variola confluens*, with ataxic symptoms. *Neuralgia faciei. Periodic neuropathia.* The dose is from gr. j. to gr. viij. per diem, in pills, or in a solution of gum arabic, in ʒiiiss. of which gr. x. of the valerianate may be dissolved ; another advantage it presents, is, that being soluble in olive oil, it may be employed in frictions on the splenic region, in the following proportions :—R. Ol. olivæ, ℥ij. ; valerian. quinin., ℈j. M.—In neuralgia, the dose is generally gr. j., mixed with the most simple substances, to prevent its decomposition.—*Gaz. Medicale.*

Smallness of the Heart.—At a recent meeting of the Medical Society of London, Dr. Golding Bird related the case of a delicate married woman, 24 years of age, to whom he was called in consultation, she being laboring under mild continued fever. She was somewhat chlorotic, and suffered from palpitation and shortness of breath in going up stairs. She had several fainting fits the day before her death, and expired in one. When the body was examined, the heart was so small as, at first, to be quite overlooked. It was not larger than that of a child of 11 years of age ; it was healthy in respect to its valvular apparatus, but its parietes, generally, were remarkably thin. The aorta, when laid open, measured only an inch and a half across. Several similar cases, as far as regarded the size of the heart, were mentioned by the members present.—*Lond. Med. Times.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SECOND REPORT ON DR. HODGKIN'S ESSAY ON FEVER.*

[Communicated for the Boston Medical and Surgical Journal by the Medical Department of the National Institute, Washington.]

THE undersigned, from the committee to whom was referred the paper of Dr. Thos. Hodgkin, of London, in presenting his report upon that part of it which treats of the pathology of fever, deems it expedient, in the first place, to give a succinct and rapid outline of the views of the author himself.

The design of the remarks of Dr. H., as he himself states, is to notice the researches of "Professor Louis, of Paris, and of some of his disciples in America, in relation to one particular conclusion at which they have arrived." "The most remarkable results at which he (Louis) arrived," he says, "from his personal observation, was that in every case of fever the patches of aggregate glands towards the termination of the ileum were in a state of inflammation, and that the acute inflammation of these textures was confined to this affection." Upon the authority of Dr. Jackson, Jr., his father, and Dr. Bowditch, of Boston, Dr. Hodgkin has been led to make the assertion, to wit, "that in America also this affection is the prevailing accompaniment of fever." In Boston, it is true, typhoid fever is by no means rare, but the conclusion drawn from this fact by Dr. H. is altogether too general, and will not apply to the fevers we meet with in the malarial districts at the South. Climate, we know, has a powerful influence in modifying the type of diseases, and even in altering the character of fever, as our own country abundantly proves. But to return. "In England," says our author, "many inquirers, amongst whom I may include myself, have witnessed the great frequency of this local derangement in our fevers." Upon the evidence furnished by the cases of Dr. Shattuck, Dr. Louis in the last edition of his work "admits the existence of a disease in England and Ireland, presenting many of the symptoms described by former writers on fever, though wanting in some of the features which his own important investigations have shown to be the concomitants and characteristics of the disease of the aggregate glands." Having failed to find the aggregate glands always affected, Dr. H. is led to concur in the opinion of Louis and several American physicians, that there is a typhus fever, "or a disease in which the symptoms described by the most accurate medical writers of former periods as occurring with and characterizing fever, described as typhus fever, attacks and carries off its victim without there being, on dissection, any evidence of the aggregate glands being affected during the course of the malady." "To this," he adds, "it is proposed to restrict the term 'typhus fever,' whilst to that disease in which the glands are affected, and which, with various peculiarities, may present most, if not all the more remarkable and formidable symptoms of typhus fever, the term 'typhoid,' or resembling typhus, is proposed to be applied as the exclusive and distinctive name." These terms, typhus and typhoid, as indicating diseases so different, our author looks upon as unfortunate from their liability to mislead. "He is firmly persuaded," however, "that formerly, as at present, the majority of the cases of severe fever, presenting the greatest number of those symptoms the presence of which is characteristic of what has been designated typhus, have occurred in epidemics in which the aggregate glands have been the seat of the most important lesion."

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* See the last two Nos. of this Journal.

"In typhus and in some other affections," says Dr. H., "the state of the patient seems to be dependent on a certain general condition, rather than upon the functions and sympathies of a particular part which may be diseased, however important the local affection may be as the primary and essential seat of the malady." "The group of symptoms which we look upon as indicating a typhus state and most frequently present as the effect of disease in the aggregate glands, may be also in the tonsils as in scarlatina, in the large intestines in the worst form of camp dysentery, in the cellular membrane in plague and hospital gangrene, and in the lungs in typhoid pneumonia." In this particular kind of derangement the essential characters "are probably rather chemical than anatomical." "It is the opinion of Professor Rokitanski, of Vienna, that something peculiar is produced in the system in that state of disease which is known as typhus." The deep venous hue of the spleen visible in fever, Dr. Hodgkin looks upon as the result of impeded circulation through the portæ, occasioning some accumulation of blood in the spleen. And when this venous color is intermixed with a lighter hue, producing a sort of lilac tint, he regards it as "unequivocal evidence that some degree of inflammation has existed, causing separation of coagulable lymph from the blood, whence I am inclined to believe," continues our author, "that the altered condition of the circulating fluid in fever produces a direct effect upon the spleen, as in the cases of endocarditis noticed by the learned Professor of Vienna."

Having given this brief outline of Dr. Hodgkin's paper on the pathology of typhoid fever, the undersigned believes that he has done all that the Department either expect or desire; but inasmuch as a part of the committee appointed to report upon the above paper, has attempted to dispute the facts upon which the opinion of Dr. H. is based, and to set up a theory of fever, at variance with the views at present entertained by the mass of the better informed of the profession, we would beg the indulgence of the Department for a few moments longer while we attempt to reply to the report read by Dr. Miller at the last meeting of this Department.

Dr. Miller asserts, in his report, that "typhus and typhoid fevers are mere grades of the same disease." Until pathological anatomy shed new light upon the nature of these affections, until observation succeeded in establishing on a firm basis the differential diagnosis of these two diseases, it was not to be wondered at that confusion should have existed in the history of the so-called "typhus fever," and that under the names of typhus mitior and typhus gravior we had associated two diseases, differing from each other in symptoms as well as in the lesions discoverable upon *post-mortem* examinations. The first of these, typhus mitior, we also recognize in the nervous fever of some writers, and in the disease which we now denominate typhoid fever, typhoid affection, or dothinenteritis. While typhus of the present day, the putrid fever of the older writers, petechial or spotted fever, jail or camp fever, are synonymous with typhus gravior.

In order to prove at once the incorrectness of Dr. Miller's assertion and the truth of this latter opinion, we have only to examine the facts which have been published. Louis, in his work upon "Le Gastro-Entérite," has proved that in the autopsic examinations of patients who die of the ordinary continued fever of Paris, a triple lesion is found, viz., enlargement and ulceration of the patches of Peyer, enlargement of the mesenteric glands, and enlargement and softening of the spleen. Careful autopsies were made by M. Louis in 46 cases, "in all of which there could be no doubt as to the nature of the affection." He found the "elliptical plates of the ileum more or less profoundly altered in every case, to the extent of from 2 to 8 feet." No one will pretend to say that Louis, so remarkable for his accuracy, could have here committed errors of diagnosis; not only will his published cases sustain the entire history of the disease which he has given us, but the medical view of France almost unanimously confirms his statements. Louis described no new disease; it was already known in France by various names, such as putrid, adynamic, ataxic or typhoide fever, and finally as gastro-entérite.

It will not be necessary for me to cite the opinions of Chomel, Andral, Bouillaud, Rostau, and a host of others, to prove that there is something more than mere coincidence between the symptoms of the "typhoid affection" of Louis, and the lesions discoverable after death; but I may be permitted to refer to a recent production or essay on this affection, written by M. Valleix, and published in the 4th volume (3d series) of the "Archives Générales de Médecine," January, 1839. The design of the author of this essay was to establish the "essential anatomical characters" of typhoid fever. On the 79th page, after examining several cases which had been published by Andral and others as examples of typhoid fever without ulceration of the aggregate glands, the author concludes by saying "that out of eight cases, there are only two in which the existence of this disease could be suspected, and these are precisely those which offer, at the end of the small intestines, lesions much too imperfectly described."

We have now, we think, said enough to establish the inseparable connection between typhoid fever and the alteration of the patches of Peyer. It would not be difficult to show that this identical disease does prevail to a certain extent in the United States, and especially in New England. Whoever will read what has been written upon this subject by Dr. Hale, Dr. Jackson, Dr. Bigelow, Dr. J. Jackson, Jr., Dr. Bowditch, Dr. Shattuck, Dr. Holmes and others, of Boston, must, we think, be convinced of the truth of this statement. In Philadelphia, too, the typhoid affection is frequently met with, presenting invariably the lesions described by Louis. This fever has been observed by many of the physicians of the latter city. I will only mention the names of Dr. Samuel Jackson, Dr. Gerhard, Dr. Pennock, and Dr. Stewardson. In the volume recently published by Dr. Bartlett, Professor of the Theory and Practice of Medicine in Transylvania University, on Typhoid and Typhus Fevers, we have a confirmation of all that we have said above. Finally, we must admit, upon the authority of Dr. Hodgkin, of London, Dr. Shattuck, of Boston, and others, that a typhoid fever, with ulceration of the aggregate glands, is also of frequent occurrence in Great Britain. It will be seen, from what we have said above, that we only wish to insist upon the essential connection between typhoid fever, by which we mean *the disease* described by Louis and none other, and the ulceration of Peyer's glands. We do not say that this is the only lesion (indeed we know to the contrary), nor do the advocates for the existence of this particular disease wish to assert that the lesion of Peyer's glands causes the fever, as Dr. Miller seems to have understood it. We believe, on the contrary, that it is a general disease; perhaps, as Dr. Hodgkin thinks, the *essential characters* are rather chemical than anatomical.

We will now briefly allude to another assertion made by Dr. Miller; to wit, that in his opinion the lesion of Peyer's glands, remarked in this disease, is most frequently caused by the mode in which the disease is treated. "Compare," says he, "the treatment of Louis with that of the same diseases in this country, and we will be readily able to answer why these diseases are so fatal in Paris, and why the aggregate glands are so frequently found diseased in that city." In making this assertion, Dr. Miller must surely have forgotten that every variety of treatment has been tried in Paris, such as bleeding, purging, the expectant treatment, &c. But again, the disease has been treated in Boston, Philadelphia, &c., after the practice generally pursued in the fevers of like places, and yet death has occurred, and the lesion, as we have seen above, invariably exists.

Dr. Miller says, in another part of his report—I quote his words—that "the idea that typhoid fever arises from a disease of the aggregate glands, is, as far as my own experience and observation go, perfectly preposterous." No arguments are used to sustain this bold assertion; no cases are produced, no new facts are brought to light. It will not be difficult, we apprehend, to explain how it is that Dr. Miller's "experience and observation" have not yet shown him the connection between typhoid fever and the alteration of the agglomerated glands. From observations which have recently been made in France, it would appear that between typhoid fever proper and intermittent fever, a marked antagonism exists. Thus in malarial districts intermittent is the prevailing form of fever, while typhoid fever is extremely rare. On the contrary, in localities entirely exempt from malarial influence, typhoid fever is the common form, and intermittent rare. Now if this law be true, we should expect, *a priori*, to find typhoid fever more prevalent in New England than in the miasmatic districts of the South, in Washington for example, and such is really the case. While resident physician of the Philadelphia Hospital, and physician of the Dispensary of the same city, we had abundant opportunity of becoming familiar with the typhus or petechial fever, as well as of the typhoid fever. During a residence of two years in Paris, subsequently, we were enabled to study closely the latter disease, and in every instance the symptoms during life, and the lesions after death, corresponded with the cases of typhoid fever which we had observed in Philadelphia. And although we examined critically every case of fever which came under our observation, it did not once occur to us to meet with a case which resembled the petechial or typhus fever of Philadelphia. Since our residence at Washington, a period of more than three years, we have met with every variety of malarial disease—intermittent, bilious remittent, continued and congestive fever, fevers of a low grade or fevers accompanied by typhoid symptoms, but not one example of the "typhoid fever." Now if the belief expressed above be correct, and it fully accords with our own experience, we can readily understand why the experience and observation of Dr. Miller, which we presume has been confined chiefly to this district, has not furnished him with cases of typhoid fever with the affection of Peyer's glands. During an experience of many years, in which he has enjoyed an extensive practice, Dr. Miller has doubtless seen a considerable number of typhoid fevers, or fevers of a typhoid type; but he has not yet attempted to show that in these cases he had presented that peculiar train of symptoms characterizing the typhoid affection. We do not contend for the name, but for the identity of the disease.

Thus far we have confined our remarks to typhoid fever. A question now naturally arises, to wit, are this and typhus fever "mere grades of the same disease," as has been stated by Dr. Miller? We have already extended our remarks so much beyond what we had intended, that we shall be as brief as possible upon this point.

Whoever will read carefully the account of the epidemic of typhus fever which occurred in the Philadelphia Hospital during the spring and summer of 1836, written by Dr. Gerhard, and published in the February No. of the American Journal of the Medical Sciences for 1837, must, we think, be compelled to acknowledge that the disease thus described differs entirely from the typhoid affection of Louis. The whole number of cases observed during this epidemic was from 230 to 250; of these, about 50 were examined after death. "In this large number of autopsies," says Dr. Gerhard, "there was but in one case, and that doubtful in its diagnosis, the slightest deviation from the natural appearance of the glands of Peyer. In the case alluded to, in which there had been some diarrhœa, the agglomerated glands of the small intestine were reddened and a little thickened, but there was no ulceration and no thickening or deposit of yellow puriform matter in the sub-mucous tissue. The disease of the glands resembled that sometimes met with in smallpox, scarlet fever, or measles, rather than the specific lesion of dothin-enteritis. In all other cases, the glands of Peyer were remarkably healthy in this disease, as was the surrounding mucous membrane, which was much more free from vascular injection than it is in cases of various diseases not originally affecting the small intestine." "The mesenteric glands were always found of the normal size."

The symptoms which characterized the epidemic typhus of which we are now speaking were numerous. Time will not allow me to do more than to mention one or two of the most important—such as the abundant petechial eruption, widely different from the lenticular rose-colored spots sparsely scattered over the abdomen in typhoid fever. 2ndly, the absence of meteorism, of pain upon pressure and gurgling in the right iliac region, which belong exclusively to typhoid fever. Diarrhœa was also extremely rare in typhus fever. Two of the most invariable symptoms of typhus were a general tremor of the body, similar to that of delirium tremens, and a pungent, disagreeable odor exhaled from the bodies of the sick. This latter was so remarkable, that by it alone we could recognize the disease.

Typhus fever was also eminently contagious; a great number of cases originated in the wards. The late Dr. Frisby, of Natchez, and myself, who were resident physicians at the time, were attacked with the disease. Two of the head nurses were extremely ill; several of the assistants were more or less sick, and one or more died.

Dr. Graves, of Dublin, informed me that the contagious nature of typhus fever was frequently exemplified in his wards at Meith Hospital; that every year some of the students contracted the disease. In typhoid fever it is rare to see the disease contracted from exposure to those affected by it. In Paris the typhoid fever cases are placed promiscuously among the other medical patients, and in no instance do I recollect having seen a case originate in the wards.

During the epidemic typhus fever of Philadelphia, we had a few cases of the typhoid affection. In every instance the disease was recognized during life, and after death the peculiar lesions of the disease were found.

In 1837, after leaving the hospital, we had charge of one of the Dispensary districts of Philadelphia. Here, too, we saw a number of cases of typhus and typhoid fevers, and found no difficulty in distinguishing between them.

Before concluding this report, we should remark that in an epidemic presenting most of the phenomena of typhus fever, which occurred at Rheims, France, from Oct., 1839, to April, 1840, an account of which, by M. Landouzy, may be found in the "Archives Générales de Medecine," for the year 1842, 138 patients were attacked with the disease. Unfortunately there were only six autopsies made, a number altogether too few to establish the anatomical character of any epidemic, more especially when this epidemic occurred in a country where typhoid is the prevailing form of fever. The original essay of M. Landouzy we have not in our possession. It is possible that as the lesions found resembled, to a certain extent, those of typhoid fever, these were really cases of the latter disease, modified by the prevailing medical constitution of the season.

Dr. Bartlett, after faithfully examining all that has been written upon the two fevers, declares, that "excepting the cases of M. Landouzy, it seems to him, that all go to show that the two diseases are radically and essentially dissimilar." In Philadelphia and in New England the same opinion prevails. Finally, the names of many of the European physicians of celebrity might be cited in favor of the same views of the nature of these two fevers. WILLIAM P. JOHNSTON, M.D.

THE USE OF CIDER IN FEVERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I hope, in the following communication, that you will excuse my propensity to egotism. Being an old man, I may have some peculiar claims to that indulgence, which would not be so excusable in one whose hair retains its original color, and whose brain its original vigor.

The cure of fevers in all ages has excited the greatest effort of which the human mind has been capable ; but since physicians have had independence enough to reflect for themselves, and not borrow all their ideas from their predecessors, there has been truly an improvement in treating fevers as well as other diseases. In the treatment of protracted fevers, the age of the patient and the probable duration of the case merit due consideration. An energetic course of treatment at the commencement of the disease will often produce such a state of debility as to disable an aged patient from experiencing the benefit of his physician's skill, and the enfeebled remains of his exhausted physical powers, with all their struggling efforts, will yield to the tardy progress of the unrelenting malady. In what I have to offer here there is nothing new nor strange, but sometimes from a trifling circumstance valuable results may follow.

About the middle of last August, two of my sons were taken with fever while I was absent on a journey. Within thirty-six hours after my arrival home, the last of the same month, I was suddenly attacked with fever, accompanied by unfavorable symptoms, which continued about sixteen or eighteen days without any abatement, loathing in the worst manner every kind of liquid and nourishment offered me, my mouth and tongue being in a very deranged state. I took an emetic at the commencement of my sickness, and some other medicines from day to day, until the third week of my confinement, when I had a desire for some sweet cider, which was procured, aud I drank of it in a state of fermentation, and found it palatable, and the first thing, after sixteen or more days of almost entire abstinence, that I could endure, and was about the only nourishment as well as medicine I used afterwards, during my sickness.

It answering for a laxative, and proving sufficiently sudorific, I continued the use of it in quantities corresponding to my thirst, and part of the time with exquisite relish, and with decided benefit, until the expiration of twenty-five or thirty days, when my fever abated in such a manner that I had no further desire for it. In a state of health, unfermented cider was disagreeable to me, and I had drunk little or none since I was a child.

On the 3d of October, Mrs. B. was taken suddenly with shivering, and other unwelcome symptoms attendant upon this fever, such as constant thirst, nausea and vomiting, accompanied by great distress, with strong apparent symptoms of inflammation upon the liver and colon. After the exhibition of medicines and the application of blisters to the abdomen, without much relief, and unable to retain anything in her stomach but a few minutes, she had a sudden desire for the fermenting cider, which was administered to her satisfaction, and with relief beyond my expectation. Her vomiting and other distressing symptoms immediately abated, and she became convalescent. She began to drink the cider about the beginning of the third week of her sickness, and continued it nearly two weeks, it being a satisfactory substitute for food, and all other medicines, until her fever subsided. To make my story short, I will merely mention that my three sons who were sick at the same time with the same disease, received benefit in using the cider.

It is my desire that some scientific gentleman would examine the properties of unfermented and fermenting cider, and ascertain why it may not prove a valuable remedy in typhus and typhoid fevers. I feel confident that cider in a state of fermentation has been an invaluable remedy to myself and family, and not at all sure that it has not been the means of preserving some of our lives. Whether the virtue exists in the carbonic acid gas or some other property in the cider, is a question which I should be happy to have answered by some gentleman better qualified to investigate the subject than myself.

With much respect, your obedient servant,
Wilmington, January 6, 1845. Silas Brown.

MEDICAL MATTERS IN THE CITY OF NEW ORLEANS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having spent the past week in this great business city, with pleasure and profit to myself, I have concluded to drop you a few notes on the subject which has chiefly engaged my attention, that is, medical matters in this city. I came to this place in company with a patient, who had been under treatment for some weeks while suffering from hemicrania, to consult and treat the case with Dr. Stone, Professor of Surgery in the Medical School. Dr. Stone now stands at the head of the profession. His opportunities to become a practical man perhaps have never been surpassed in this country. For many years at the head of the Charity Hospital, with a large private practice, and an infirmary under the direction of himself and one or two of his colleagues, he has had opportunity of becoming acquainted with the "ills flesh is heir to," under all vicissitudes of climate, location, and the pestilences that have swept their tens of thousands to the grave. He is entirely a practical man, with no show of learning above what is required, easy of access, very familiar in his intercourse, and free from that punctilious etiquette which stands so often in the way of great men becoming popular. As a lecturer, he is listened to with pleasure, and though there is no eloquence, no fine-spun theories, and not so much method as could be desired, he opens the whole subject, and should be considered as an excellent teacher on the subject of which he treats. Professor Jones, of the chair of Theory and Practice, is an able man in his department, lectures with ease, and chains attention to whatever subject he is upon. The other professors are all men of acknowledged ability, and though comparatively young in age, are old in experience of the different subjects upon which they severally treat. Students of medicine may now visit New Orleans with perfect confidence that the advantages are as good, if not better, for acquiring a knowledge of the profession, than in any other school. This fact is now pretty generally acknowledged. Then why, it may be asked, does not the school succeed better? why are not her halls thronged? I answer, simply because the expenses are too great. The price of tickets should be $15, instead of $20. The number of professorships should be six, instead of seven. The course of instruction might be rendered quite as full and complete under this arrangement, and the increased number of students would amply compensate the professors for the reduction in the price of tickets. The medical class numbers, I should think, about eighty. They are generally attentive and studious, and should they take their degree from this institution, the public may feel assured of having well-instructed and practical physicians.

My visit to the Charity Hospital afforded me no small degree of pleasure. Order, cleanliness and comfort struck me as prominent features pervading the whole establishment. It is rich in cases of every hue, variety and kind to be found or met with in years of ordinary country practice. The medical college edifice is a substantial and well-constructed building—built expressly for the purpose to which it is applied.

I need hardly speak of the New Orleans Medical Journal, as it is now becoming generally known and appreciated. This publication is needed, and should meet with general favor. It appears to be founded upon a solid and sure basis. Its editors are competent for their task, and are wedded to no party or set of men. I understand it is to be conducted on high and independent ground, with fairness and impartiality to all the members of the profession. It will, I hope, elevate the character of the profession in the south west, and call forth the talents, research and experience of the profession, which is so much needed. Many a gem, which would otherwise have shone in the medical firmament, has been lost and obscured for the want among us of what, I hope, is now supplied—a practical journal of medicine. Yours, &c.

New Orleans, Dec. 22d, 1844. C. S. MAGOUN, M.D.

EXTRACTION OF FOREIGN BODIES FROM THE ŒSOPHAGUS.

From Mr. Liston's Recent Lectures on the Operations of Surgery.

How are foreign bodies in the gullet to be got out? It will depend very much on their sort and size and situation. You will not set about taking out needles or pins in the same way that you would large lumps of gristly meat, bone, coins, or any other hard body that may have lodged in the passage.

Foreign bodies in the œsophagus and pharynx cause a great deal of pain when the part is put in motion. If it be a hard and sharp body, there is a pricking sensation; if the body be of large size, the passage may be obstructed, the breathing may even be affected, as I have said; at all events, the patient will be unable to swallow anything. A very small solid substance will obstruct the passage completely when the patient is naturally very nervous, or the part is at all diseased. Patients who have a difficulty of swallowing become nervous: hysterical women are choked with very small substances, and patients who are laboring under stricture or organic disease of the œsophagus may have the passage closed from the lodgment of a very small portion of food. I have repeatedly seen cases of this kind. I recollect a woman, who came to me three or four times within two years, complaining that the passage to the stomach was completely closed. By introducing a small probang, the obstruction was discovered in the usual place; a piece of meat was pushed through the contracted portion of the canal, and she was relieved. She would not suffer the introduction of instruments for any other purpose.

Suppose that a large piece of gristly meat, or a large piece of tripe—oh! indeed, you need not smile at this, for you will find in surgical books many accounts of persons who have been choked with tripe—gets entangled in the narrow part of the canal, immediately behind the cricoid cartilage, you must consider how you are to remove it. By introducing a probang you may, it is true, push it down to the stomach. A piece of whalebone with a sponge at the end of it will do very well. In introducing an instrument for any purpose into the pharynx or œsophagus, you must look to the position of the head, and bring all the tube, fauces, pharynx and œsophagus, as far as possible into a line with the mouth. For this purpose you throw the head very well back, depress the tongue with the finger of the right hand, and push the instrument back to the foreport of the vertebræ, where you guide and bend it suitably with the finger. Just as you get it behind the velum, and into the top of the pharynx, you desire the patient to swallow his saliva. By this action the instrument is drawn back into the throat, the rima glottidis is closed, and you then, with the greatest security, push the instrument downwards, certain that it will go in the right passage. You continue to push it onwards till you meet with some obstruction. But there are foreign bodies which it would be very unsafe to push down, such as a piece of rough bone or cartilage, or hard gristly meat. You might tear the passage, or cause a rupture of it, and this would be attended with very serious consequences. Infiltration in the loose cellular membrane, putrid abscess, and death, have not unfrequently followed rash operations of this kind. If the foreign body is of such a nature that you cannot push it down safely, you must bring it up if you can. For this purpose you must be provided with instruments of various forms. Here is a pair of forceps well suited for removing hard meat. You feel that there is something obstructing the canal; you open the instrument on the foreign body, seize, and extract it. I have taken out many lumps of meat in that way. If the foreign body is hard—a piece of bone or a piece of metal—you seize it with such forceps as these. The blades are made to open in different ways, according to the position in which the body lies. If a piece of metal—generally a coin—is fixed in the œsophagus, you may ascertain its position correctly, though you may well guess whereabouts it is to be found, by passing down a *steel* probe. This is the way to deal with large foreign bodies; but you very often find small sharp bodies lodged in the pharynx—sticking deeply in the tissues composing it—pins, pieces of fish-bone, and portions of the beards of barley. I have seen a great deal of irritation produced by a small husk of oatmeal stuck in the fauces or pharynx. These things will sometimes stick in the membrane for a long time; but you must recollect also that patients will often complain of a foreign body lodging in some portion of the passages long after it has got into the alimentary canal. The feeling of pain and uneasiness often remains a considerable time after the foreign body has gone away. The same takes place in the eye. A small fly gets betwixt the lid, for instance —no uncommon occurrence in riding or walking out into the country in summer—it causes intense pain; you get a friend to raise the eyelid and pick the fly out, but the feeling still continues, and does not go off, perhaps, for many hours. You must be quite sure that the foreign body is really lodged in the throat before you attempt to take it out. You bring the patient opposite a strong light, hold the tongue down, and then, perhaps, you see the substance: and by taking hold of it with small forceps, pull it out. Or, if it be low down, you hold the patient's head back, and with your finger feel down by the epiglottis, by the root of the tongue on each side, and if your nail is a little long, you may entangle and bring up the foreign body between the finger and the nail. I have even taken pins and needles out in this way. But you may not be able to reach the foreign body in this manner, and you must then use the forceps. You will find a difficulty in disentangling needles; you are obliged to humor them, moving them first in one way and then in another, and at last you will succeed in extracting them. Pieces of wire, nails, &c., are sometimes lodged here, and great caution is required on the part of the surgeon in handling them.

I should have stated that coins are sometimes extracted by means of forceps, and sometimes they are removed by a blunt bent hook.

Occasionally you find very curious foreign bodies lodged in the throat. The following case came under my notice years ago, though the patient was not under my care. A boy, engaged in herding cattle, was preparing his fishing tackle. He had a hook for catching jack, which he put in his mouth in order to repair it in some way. The cattle, meanwhile, wandered amongst the corn; he shouted out on observing them, and in recovering his breath, filling his lungs again, the hook slipped back into the gullet, and there it stuck. You are aware that in fishing for jack, there are used three large hooks, tied back to back, like a grappling iron, by means of brass wire. There was much fuss made about this case; the boy was brought from a great distance to the Hospital, and he was kept as a show for some time. Every one suggested some plan or other for getting out the foreign body. It was a case in which, had it been in the hands of a very energetic surgeon, œsophagotomy ought to have been at once performed. There appeared but little chance of the three hooks coming out again, and the only apparent way of getting the boy out of the scrape would have been to make an opening below, and extricate them by pulling them downwards. The lad had a long chain hanging out of his mouth for weeks together, and at last it was proposed to use a bone probang, a large ivory ball with a hole it; and this was to be pushed down to disentangle the barbs. By this time, however, extensive ulceration of the pharynx had taken place, and the foreign body was gulped up, to the relief both of the patient and of the medical men. In cases of this kind, you frequently find that practitioners are as much indebted to chance as to good management. Sometimes foreign bodies can neither be got down nor drawn out, and in these cases, as in the one I have just related, the œsophagus ought to be cut into. The incision should be made, not in the median line, but by the side of the windpipe. An incision ought to be made in the superior triangular space of the neck, of sufficient length to enable you to get cleverly to the obstruction. The larynx must be turned aside, and you will take care not to come in contact with the recurrent nerve, or to interfere with any of the other important organs in the neighborhood. Guided by the foreign body, you cut through the parietes of the œsophagus, lay hold of it, and extract it with forceps, vulsellum, or hook, as may be. I think that Mr. Arnott had occasion to perform this operation in the Middlesex Hospital some years ago, but it is not had recourse to once in a quarter of a century.

Where there is simple contraction of the gullet, you endeavor to restore the passage to its natural size. For that purpose you introduce instruments, day after day, till the parts recover themselves. and you can pass an instrument of full size without difficulty. You must be sure that there is really contraction, and from thickening of the walls of the tube, that it is not merely an hysterical affection; and you endeavor to ascertain if there is organic disease, that it is not of a malignant character, before you propose a proceeding of this kind. You would not think of destroying the stricture by caustic, as proposed by Sir Everard Home; it is only by very gentle management that you can expect to succeed, or to benefit your patient.

You require to introduce an instrument where persons have received injuries of the neck, but you would not put in a tube and retain it there. In bad cases, where the pharynx or œsophagus has been wounded, this may be done; but in the majority of cases all you have to do is, from time to time, perhaps two or three times a day, to introduce a common elastic catheter, such as is employed for the urethra. You pass it beyond the wound, and through it inject broths and jellies. Of all this I have already fully informed you.—*London Lancet.*

TRIAL FOR MALPRACTICE.

Reported by D. Brainard, M.D., Chicago, Ill.

BENJAMIN BARTLETT *vs.* SOLOMON BLOOD.—This was an action for damages, brought by the plaintiff, in the Racine County (Ill.) District Court, October 30, 1844. It appeared by the testimony that Bartlett, about a year previously, while working on a house, fell, and the roof, covered with snow, fell upon him. He was carried to his own house and Dr. Blood sent for, who, on arriving, pronounced it a fracture "of the point of the shoulder," and for dressing, applied a pad between the arm and breast, a roller about both; and, according to some witnesses, one which passed from the elbow of the affected side to the opposite shoulder. This required replacing twice; and after the second replacement, about three weeks after the accident, the Doctor's attendance was discontinued, he alleges to have been dismissed. On examination of the arm, Oct. 29, 1844, we found the following appearances. The shoulder presented considerable fulness, the muscles not being very much atrophied for want of use. The external extremity of the clavicle was a little above the acromion, the superior surface of which was irregular, and had the appearance of having been slightly depressed at its point, but was immoveable. The arm could be raised to a horizontal position. The rotation was imperfect, and when raised to that extent the tendons of the pectoralis major, and of the latissimus dorsi and teres major muscles, were felt to be tense. The forearm could be extended so as to form an angle of 45°, with the line of axis of the humerus, and flexed a little beyond a right angle. From this latter circumstance, it had been supposed that the radius was dislocated forwards, but this part of the declaration was withdrawn before the trial. The hand was prone and could only be partially supinated, the tendons about the elbow were rigid and tense when efforts were made to perform extended movements. These were the only abnormal appearances. It was the opinion of most of the medical witnesses that there had been a fracture of the acromion, which was well re-united, an opinion which we ourselves entertained. The loss of movements we attributed to the rigidity of the fibrous tissues, but whether the original injury was such as to have permitted of a perfect restoration of the member, *within a year*, we would not undertake to decide, nor do we think any one can do so. The perfect union of the acromion showed there were not great defects in the treatment of the fracture of it. The jury, however, seemed to think the Doctor was bound to restore the arm to its movements, and gave a verdict for the plaintiff of $300 and costs.

If we consider that the contusions must have been extensive, and that there may have been injury of the axillary plexus of nerves; that when a surgeon is dismissed he has often no means of proving it; that the movements of the member might be still improved by suitable treatment, we doubt not that Dr. Blood will have the sympathies of many members of the profession; for, if a surgeon is to pay all the damages which patients may sustain from such injuries, without their being called upon to show that they took ample means for the restoration of the movements of the member, *when the surgeon was not in attendance*, we see no security for the rights of the latter. If, instead of commencing a suit, Mr. Bartlett had applied to a surgeon, we think ourselves justified in expressing the opinion, that there was still time for the restoration of many of the movements and uses of the member, and that, even now, when a year has elapsed, much might be done by judicious and continued treatment, to restore it.—*Illinois Medical Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1845.

Charges for Homœopathic Services.—Perhaps the following report of a suit for the recovery of fees for homœopathic practice, in Cincinnati, Pulte *vs.* Woodruff, may not be unacceptable to physicians generally, since it contains not only the opinions of eminent medical gentlemen of that city on the value of homœopathy, but an expression of the opinion of a jury also. We are indebted for the abstract, to the Botanico-Medical Recorder, for which work it was drawn up by a distinguished legal gentleman.

This was a suit to recover a bill of $92, for services rendered the defendant, as a physician.

The defence was that the bill had been settled and paid, and also that the services were of no value.

As to the first point, there was various testimony, pro and con.

As to the second point, it was proved that the plaintiff was employed as a homœopathic physician, and the defendant introduced witnesses for the purpose of proving that medicine administered upon the homœopathic system could not be of any use to the patient. On behalf of the plaintiff, Drs. Peck and Price were examined. Dr. Peck testified that he was educated in the allopathic school, and practised several years, that within some three or four years he had abandoned that system and adopted the homœopthic system; that the two systems did not differ so much in the medicines used, as in the mode and manner of administering them—that in the old system large doses of medicine were given for the purpose of operating upon the bowels, the stomach, or some other vital organ—that in the new mode they gave medicines in such minute quantities that it would not operate upon these organs, but would be incorporated into the system through the nerves and blood, and thus produce its corrective effect. He stated that the homœopathics gave mercury in doses as small as the three hundredth or one thousandth part of a grain. That homœopathics never gave calomel for the purpose of specifically affecting either the bowels or the salivary glands—that they never designed to produce either alvine evacuations or salivation, nor would calomel, administered upon the homœopathic system, ever produce either of those effects—that it was a rule of homœopathic practice, never to give but one kind of medicine at the same time, in other words, never to give compound medicines—that their medicines were varied from day to day, as the symptoms varied—that their medicines were mostly given in pills or a powder of the sugar of milk; some, however, were given in liquids—that the homœopathics had two or three hundred different kinds of medicines, which were mostly prepared in Germany, but some in New York. That one material difference, in practice, between the allopaths and homœopaths, was, that the former gave written prescriptions for medicine, which the patient purchased of the apothecary, but the latter always furnished his own, for which he made a distinct charge—that the usual charge was a dollar a visit, and twenty-five cents for medicine.

On being asked if the homœopathic system was not rapidly increasing in the United States, Dr. Peck stated that there were six or seven practitioners upon that system in Cincinnati, sixty or seventy in Philadelphia, about the same number in New York, and about twenty in Boston.

Dr. Price stated that he had been educated in the old school, but within a few years had paid some attention to homœopathy. He stated, however, that he was not, and had not been for some time past, in general practice. His testimony coincided with the testimony of Dr. Peck.

On the part of the defendant, Drs. Wood and Harrison were examined. Dr. Wood stated that he was a practitioner of medicine on the old system —that he was in the habit of giving calomel to his patients, when he thought their cases required it—that it was a very powerful and a very dangerous instrument in unskilful hands; that it required all the skill they were able to acquire to enable them to use it successfully, without injury to the patient—that, from his knowledge of the human system, and of the laws by which it was governed, he did not believe it possible that such minute doses of calomel, as he understood the homœopaths were in the habit of administering, could produce any perceptible effect, nor could he conceive that any medicine administered in such minute doses as the thousandth part of a grain, could affect the system either in sickness or health. The thousandth or three hundredth part of a grain of calomel, taken into the stomach, day by day, for any length of time, would mix with the food and pass off with the fæces, but he could not conceive that it would ever affect the bowels, the salivary glands, the nerves, or any other organ. Dr. Wood had no particular knowledge of the plaintiff or his mode of practice.

Dr. Harrison testified that, being a lecturer and teacher of medicine in the Cincinnati College, he had considered it his duty to make himself acquainted with the homœopathic system of medicine—that he had read the work of Dr. Hahnemann, the original inventor of the system, besides some other works—that in his opinion it was based upon mere hypothesis or the assumption of facts, which never were and never could be proved —that it was contrary to the laws of nature, in regard to the human body, so far as we know them; and that those who believed in it, had no other foundation for their belief than credulity or superstition. That the word homœopathy was derived from two Greek words, one signifying *similar*, and the other signifying *suffering*. That the fundamental maxim of their system was *similia similibus curantur*—like cures like, or whatever will produce disease in a well man, will, if administered in minute doses, cure a sick one. If opium in large doses produces headache and stupor, then opium in small doses will cure that headache and stupor; and if wine or brandy in large doses produces inebriety and vomitings, then wine or brandy in small doses, one drop, or the hundredth part of a drop, will cure that inebriety and vomiting. Dr. Hahnemann states that he made his discovery in consequence of taking a large dose of Peruvian bark when in health, which he found to produce shaking and a headache, and he thence concluded that Peruvian bark given in minute doses would cure the fever and ague. Dr. Harrison further stated that the homœopaths gave medicines for symptoms and not for disease. If they found a patient vomiting, whether the vomiting was caused by inebriety, pregnancy, inflammation, or any other cause, they administered the same medicine. If the patient was suffering a violent pain in the head, the same remedy was applied, whether the pain proceeded from inebriety, or inflammation of the brain. He further stated that it was a dogma or first principle of Hahnemann, and of the homœopathic practitioners, that the more a medicine was triturated or diluted, the more powerful it became, and it might be triturated to that degree that the human system could not bear it, but would explode; thus the tenth part of a grain of calomel, when properly triturated and mixed with the sugar of milk, was more powerful than a grain, and the hundredth of a grain more powerful than the tenth, and the thousandth more powerful than the hundredth, and so on indefinitely—that according to the theory of Hahnemann, an ounce of calomel or laudanum put into the Ohio river at Pittsburgh, would, if properly triturated and diffused through the whole body of the river, by the time it arrived at New Orleans become so powerful as to poison and destroy all who drank of it. This theory Dr. Harrison considered gratuitous and fanciful; yet upon this theory it is, that the homœopaths administer the thousandth part of a grain of calomel. Hence Hahnemann mentions that smelling a medicine is often more efficacious in curing a disease than swallowing it. Dr. Harrison confirmed the testimony of Dr. Wood, that none but experts or proficients should ever administer calomel, especially to women of delicate constitutions. Dr. H. was asked whether there was not a large number of physicians in Cincinnati who practised on the botanical system, and repudiated calomel altogether; but he declined answering the question, as it had nothing to do with this case. Various other testimony was offered, respecting the character, education and qualifications of Dr. Pulte.

Verdict for Plaintiff, for $27 50.

Reciprocal Duties of Physicians and the Public—Dr. Flint's Lecture.—At Chicago, Illinois, on Lake Michigan, a Medical College was organized the last summer, of which some notice has already been given. In August we were in that flourishing city, and by Drs. Brainard and Blaney, who are connected with the school, were made acquainted with the prospects that greeted them in the enterprise. The edifice in which the lectures were to be delivered, had not then been erected, but from the apparent readiness of the faculty to discharge their various duties, and from representations then made, it is presumed the college building was raised and completed, according to the design which those gentlemen exhibited.

Austin Flint, M.D., of Buffalo, fills the chair of the Institutes and Practice of Medicine in the Rush Medical College, the name given the new institution. His opening discourse, on assuming the responsible position of a professor, which is now published, treats of *the Reciprocal Duties and Obligations of the Medical Profession and the Public*, which gave him ample scope for displaying powers of no ordinary kind. Were it in our power to cull flowers from every field in which they abound, we should never lack for employment in this agreeable occupation. But since all the sentiments and all the beautiful ideas which characterize the rising medical literature of the country, so much of which is found in introductory lectures, cannot be transferred to the columns of the Journal, we must content ourselves with saying that those who are so happy as to have access to this discourse, amongst others of much merit and originality, will have a rich intellectual feast.

Most Important Modern Operations of Surgery—Dr. Mütter's Lecture.—Dr. Mutter's introductory at the Jefferson Medical College, given early in November, found its way to the East towards the middle of January. The author belongs to that class of men who display the results of industry in a most acceptable manner. He does not exert himself to surprise an audience by speaking of his own achievements, but in a modest way analyzes and recommends the claims and merits of others. Within a short time Dr. Mutter has been in Europe, gathering such information as cannot be otherwise than useful to those to whom he relates his observations. St. Paul's Cathedral, St. Peter's, the Queen, Louis Phillipe, and such like magnificent objects, ordinarily perfect gems in a traveller's diary, have no place in the Professor's notes: in fact, were it not that the printed lecture is devoted to the most important modern operations of surgery as practised in Europe, no one would have surmised that the writer had just returned from over sea. The omission of such great topics as have heretofore made up the bulk of some lectures by returned professors, is decidedly in good taste, and precisely what we should have expected from a gentleman of Dr. Mutter's judgment.

With regard to the present mode of dressing extensive wounds in Europe, Dr. M. says—" The *French* surgeons, with but very few exceptions, still adhere to the original views of some of their older authorities, and unite all extensive wounds by the *second intention* of Hunter; while the English, like ourselves, adopt a plan directly the reverse, and endeavor to obtain, as far as possible, union by the *first intention* of Hunter, or simple adhesion.

" From what I could learn, the continental surgeons, out of France, are gradually adopting the modern English and American method; and instead of covering up their wounds with great bundles of charpie, apply the lightest dressing, frequently employ cold water, as recommended recently by McCartney, or the oil silk dressing of Liston. Some little mention was made of the process of Reviellé Parise (suction), but the method, in reality not a novel one, has as yet gained but little credit."

A new mode of treating pleurisy by Prof. Trousseau, of Paris, is alluded to by Dr. M. as follows. "The operation is nothing more than the evacuation of the fluid in cases of acute pleurisy, by an opening made into the thorax by the following process—'A small incision is made in the skin, between the 7th and 8th ribs, a little to the outside of the heart. The *skin* is next raised until the incision corresponds to the intercostal space immediately above, and then an ordinary abdominal trocar is introduced to the depth of about two inches. On the spear being withdrawn the fluid rushes out, and in order to prevent the introduction of air into the chest, the *pavilion* of the canula is wrapt with a strip of bladder or gold-beater's skin, which is raised by the fluid as it passes out, but which falls on the orifice during deep inspiration, and effectually closes it. During the discharge of the fluid, an assistant compresses the abdomen so as to push up the diaphragm and thoracic parietes—and after its escape, the canula is rapidly withdrawn, the incision pushed down to its original position, and closed with a small piece of adhesive plaster.'"

Dead Bodies for Dissection in Massachusetts.—A committee has been appointed in the Massachusetts Legislature to consider the expediency of repealing the 10th and 11th sections of the 22d chapter of the Revised Statutes, which provide for the delivering up to physicians, in certain cases, the dead bodies of paupers, to be used for the advancement of anatomical science, said sections having failed, as alleged by the mover, to accomplish the intention of their enactment. It is hoped some efficient substitute will be devised, if the repeal is obtained, as the intention of the makers of the present law was doubtless good, and it has been and is looked upon with great approbation by the friends of anatomical science in other States where nothing has yet been done in its favor.

Medical Biography.—As soon as a few more papers are disposed of, the volume just completed by Dr. Williams will have more attention. Physicians begin to perceive that it was written for them, and therefore they cannot do less than give the author their liberal patronage. Two hundred copies should be taken in Boston alone; and if the State Medical Society would distribute it to the members on the anniversary meeting in May, it would be a popular movement.

Mortality in Boston.—In the city of Boston the past year, the number of deaths was 2,241—of which 1,109 were of children under five years of age. The number of deaths from consumption was 305—the number of deaths from fevers of various kinds, 458, including 75 of typhus, 132 of lung, and 229 of scarlet fever.

Medical Society of the District of Columbia.—On the 16th of January, the following gentlemen were elected to the offices annexed to their names, in the city of Washington. Dr. F. May, *President;* Drs. McWilliams and Sewall, *Vice Presidents*; Dr. Miller, *Corresponding Secretary;* Dr. Borrows, *Recording Secretary;* Dr. Hall, *Treasurer;* Dr. Howard, *Librarian.* Drs. Lindsly, Young, Thomas, J. F. May, and W. P. Johnston, *Board of Examiners.*

Massachusetts Charitable Eye and Ear Infirmary.—The annual Report of this Institution, under the care of Drs. Reynolds, Hooper, and Bethune, shows that during the past year there have been 1,064 applicants for assistance at the Infirmary, making the whole number since the establishment of the institution nearly 15,000. Of these 1,064 patients, 836 were afflicted with disease of the eye, and 228 of the ear. 580 were males, and 484 females. Of this number 128 were admitted as house-patients, their residence varying from four or five days to as many months. The remaining 936 were treated as out-patients. Discharged—recovered, 51; improved, 32; not improved, 16; unfit, 6; not treated, 9; eloped, 1; under treatment, 13.

Medical Miscellany.—Twenty-one students were admitted to the degree of M.D. at the late lecture term of the Castleton Medical College. The spring course will commence the last Thursday in February next.—Dr. Samuel Kennedy, of New Orleans, has been arrested for stabbing Mr. Benj. W. Waitt, Jr., who died.—A catalogue of the Berkshire Med. Institution, just out, shows there were 145 students matriculated at the late course of lectures.—The number of students attending the medical lectures in Boston is 157.

MARRIED,—In Baltimore, Dr. David Stewart to Miss E. P. Littlefield, of Castine, Me.—Dr. James Little, of Bevertown, Ohio, to Miss L. L. Jennison, of Vermont.

DIED,—At New London, Ct., Dr. Anthony Thatcher, 62.—At Brattleboro', Vt., Dr. C. S. Smith.—At Great Bend, Penn., Dr. Lyman, killed by a fall from his horse.—At Chatham, N. J., Dr. John C. Budd, 84.—In Palmyra, N. Y., Dr. Jonathan S. Eggleston, 46.

Number of deaths in Boston, for the week ending Jan. 18, 39—Males, 13; Females, 26.

Of consumption, 9—canker rash, 1—scarlet fever, 3—lung fever, 5—croup, 6—stoppage in bowels, 2—infantile, 2—inflammation, 1—fits, 1—rheumatic fever, 1—complication, 1—tumor, 1—hooping cough, 1—old age, 1—teething, 2—inflammation on the lungs, 1—debility, 1.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 60 years, 12—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Dec.	Therm.		Barometer.		Wind.
1	from 34	to 41	from 29.29	to 29.44	N W
2	22	46	29.72	29.79	N W
3	24	30	29.91	29.94	N E
4	32	34	29.29	29.55	N E
5	37	45	29.50	29.65	N E
6	33	35	29.72	29.77	N E
7	35	54	28.93	29.45	S W
8	22	27	29.15	29.46	N W
9	16	32	29.60	29.69	S W
10	23	41	29.47	29.56	N W
11	15	19	29.57	29.68	N E
12	23	31	29.29	29.35	N W
13	14	33	29.29	29.35	S W
14	29	37	29.02	29.08	S W
15	28	35	29.02	29.04	W
16	24	33	29.03	29.04	S W
17	from 16	to 22	from 28.99	to 29.05	N W
18	16	19	29.13	29.33	N W
19	18	31	29.35	29.36	S W
20	17	23	29.38	29.48	N W
21	8	27	29.41	29.45	S W
22	32	33	29.13	29.21	N E
23	38	41	28.41	28.72	N E
24	24	34	28.88	29.26	N W
25	26	43	29.53	29.55	S W
26	38	52	29.24	29.36	S W
27	26	40	29.16	29.16	N E
28	16	20	28.98	29.13	N W
29	9	27	29.41	29.48	W
30	18	38	29.08	29.35	S E
31	30	38	29.29	29.44	W

This has been an open winter month, favorable for business, having much good weather and little rain. The season has been pleasant and fair. Eight inches of snow have fallen, and 2.56 of water. The Thermometer has ranged from 8 to 54. The Barometer from 28.41 to 29.94 inches.

Dental Professorships in Medical Colleges.—We think there should be in every Medical College a distinct professorship for teaching students the structure, diseases and treatment of the mouth and teeth. How ridiculously absurd the practice of holding up a tooth before a class of students, some of whom are twenty or thirty feet from the lecturer, and attempting to *show*—and all in a single one-hour lecture—the tooth's structure, shape, position in the mouth, affections, &c. &c.—things, *all* of which, to be understood, must be examined at very short distances, and *some* of which must be examined with a microscope! An evidence of the propriety of our views on this subject, and an example of how little of truth is known and how much of error is taught, even in "high places," upon the affections of the teeth, may be seen in the fact that one of the "lights of science" in one of the most famous medical schools in America, and a most voluminous writer withal, stated, captiously, in a review of a work upon dental surgery, that caries of the teeth *always* commences *within* the substance of the teeth!—a single instance of which no one ever saw. We would not have it supposed, from these remarks, that we would have students qualified at medical schools for the practice of dental surgery;—we would have this distinct professorship expressly for medical students: to teach them what it is essential, as well for their credit as for success in the practice of *their* profession, that they should know, and what can be *best*, if not *only*, taught by one who has observed closely and practised long and successfully in dental surgery.—*American Journal of Dental Science.*

A Benevolent Lunatic.—Dr. Pliny Earle relates the following case in the last number of the Journal of Insanity. "An insane lady in the middle age of life, a peaceable, quiet creature, with a heart overflowing with 'the milk of human kindness,' occupied a room in an asylum. She had a large quarto Bible, which, when she was not reading from it, laid upon the table. One morning, I was somewhat surprised on finding her seated in an arm-chair, the table in her lap, and the Bible on the floor. Asking her the cause of this new arrangement, she told me that 'the table was *so tired* with holding the Bible, that she was *tending it*,' for the purpose of giving it some relief. This process was often repeated afterwards, and the benevolence that prompted it, soon extended to the bedstead, to which she frequently gave opportunities of 'rest,' by holding up, for hours in succession, the corners of the bed, and the superincumbent clothing. This may appear like burlesque or caricature, but it is not intended as such; for truly, if ever an act of kindness were induced by the pure spirit of affection, I believe such was the fact with those just related."

Treatment of Hydrocele.—Mr. Adams recommends for a trial a very simple mode of treating hydrocele, which he has as yet only employed once, in a case where the operation by incision had partly effected a cure. The sac was irregularly distended, and Mr. Adams, after drawing off its contents, introduced through the canula a camel's hair brush, dipped in a strong tincture of iodine, and carefully painted the interior of the sac with it. He concluded, by observing, that there is, at present, seven weeks after the operation, every indication of success.—*Times.*

THE

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OPERATIONS FOR REMOVING CANCER OF THE BREAST.

From Dr. Mutter's Lecture on Modern Surgical Operations.

THE next question to which I shall direct your attention, is one of great practical importance, and one, too, upon which the profession has been very much divided. It is this :—"Is it best to remove a scirrhous tumor, involving either in part, or entirely, the female mamma?" To answer this question in a satisfactory manner, it is necessary to investigate, *first*, the results of the disease when left to itself; and *secondly*, the benefits likely to accrue from the performance of an operation, its effects upon the progress of the disease, and its dangers.

It is a melancholy truth that when left to itself this disease usually advances steadily, but with an unequal pace in different cases, involving as it progresses all adjacent tissues, especially the lymphatic glands, and ultimately terminating in ulceration of the most terrific character, and death—now a welcome messenger to the poor creature who, probably, for months has been a martyr to unspeakable sufferings, and a loathsome object to her friends. Rarely, though in some cases such a condition obtains, the tumor ceases to increase, the pain subsides, the general health grows tolerable, and the disease becoming indolent may last for many years (15 or 20—Brodie), without causing much inconvenience; in all such cases, no man in his common senses can ever think of operating. But, suppose the reverse of this condition obtains, and unfortunately such is but too often the fact, instead of remaining stationary, the disease is steadily advancing—what, under such circumstances, do the best authorities of Europe say as to the proper mode of treatment? They tell us, what I rejoice to say, the best teachers in our own land have over and over again urged upon the profession, viz.: That an operation, instead of *relieving*, often hastens a fatal termination of the case; for, although we remove the disease in one spot, it is almost sure to make its appearance in another, and that occasionally the patient sinks under the operation itself. This, gentlemen, is the result of the experience of the first men in Europe—particularly in England—who in such cases, rely exclusively upon a palliative treatment. It is true, that some of the French who adopt the view that cancer is invariably in its commencement a local disease, operate in cases where the English and American surgeons would hesitate to use the knife, but, as a general rule, they advise an *early* operation, before the system becomes involved, or *none at all.*

But it is urged by some, that we are justified in operating even in what are usually considered desperate cases, in order that the patient may obtain a respite, and possibly escape the horrors of ulcerated or open cancer. This is certainly a humane motive, and where the patient is young, or has some especial reason for wishing the nature of her disease concealed, and is willing to take all the responsibility of the result upon herself, after having been made aware of the almost certain failure of the operation, at least so far as regards a cure, and that she must die in a few months or a few years of the disease in some other organ, one might resort to the knife; but, gentlemen, whenever I have done so, it has been with an aching heart, and a most fervent wish that my patient had spared her surgeon and herself the terrible ordeal to which she is voluntarily subjected. With respect to some of the various attempts recently made to cure the disease radically, the plans of Jobert, Lisfranc, Dieffenbach, Phillips and Arnott, appear to have attracted some attention. The method of Jobert, which consists in the application of a ligature to all the principal arteries supplying the tumor, and the division of its nervous filaments, seems to have acquired no great reputation, and I scarcely heard it alluded to by the surgeons of London and Paris. The same may be said of the process of Lisfranc, which proposes, in cases of superficial cancer of any organ, the removal of the *diseased tissue*, either with the ligature or knife, leaving the organ upon which it happens to be located untouched. Occasionally this method proves useful, but is not to be compared with the ordinary operation of *complete excision* of both diseased tissue, and that with which it is in immediate contact. The method of Dieffenbach, Phillips, or Martinet de la Creuse, for all claim the merit of the invention, differs, as I have told some of you in another place, from the ordinary operation in this. Instead of allowing the wound made during the removal of the tumor to heal by granulation, which is usually permitted to a certain extent in all cases of extensive dissections, a flap of sound skin is taken from the adjacent parts, and brought over the raw surface, so that union takes place, and thus prevents the granulating process. It is supposed by the authors of this plan, that the application of the healthy skin to the surface from which the cancerous mass has been removed, will so change the vital actions in the part, that health will take the place of disease, and hence a return of the complaint be effectually prevented. But unfortunately, experience is against the operation, and if cancer is a constitutional affection, as it often is, it is difficult to imagine that it could prove so useful as we have been led to suppose. I have myself tried the experiment in two cases, one a patient operated on before the class, and the other occurring in the practice of my friend Dr. Noble. In both, the disease returned in the course of a few months, and I find such to have been the result in other instances—and the operation will in all probability be speedily forgotten, along with a host of other "novelties," that are fast wending their way to "the tomb of all the Capulets!" The plan of Arnott, which has often been tried by others, and especially by Recamier, consists in the methodic and continued application of *pressure* to the diseased tissue. The only novelty in this method of Arnott, is in the instrument he employs. Experience, so far at least, is also against this measure, but in hopeless cases, those, for instance, in which the knife promises nothing, it may be employed, as it will serve to satisfy the patient in part, and prevent, to a certain degree, that terrible "sickness of the heart," that overwhelms a poor sufferer when utterly abandoned by the surgeon. The "*Dynamic*" treatment of cancer proposed by Rognetta is attracting some attention, but as yet no definite conclusions in relation to its merits have been given to the profession.

INFLAMMATION OF THE PERITONEUM.

From Dr. C. J. B. Williams's Lectures on the Theory and Practice of Medicine.

We now come to *diseases of the peritoneum.* The peritoneal membrane, or sac, is a serous membrane, lining to a great extent the abdominal viscera, as well as the walls of the abdomen. We shall, first, consider the inflammation of this membrane. What we have said, with regard to inflammation of the pleura, will serve as a sort of history of inflammation of the peritoneum; it is accompanied by the effusion of serum and lymph, and this, becoming organized, may lead to adhesion, in different parts, of the surfaces of this membrane. There are three things, here, proper to notice; for example, when any of the chief viscera of the abdomen, particularly the intestines, become intensely inflamed, the peritoneum can scarcely escape. It becomes, therefore, involved at the corresponding part, more especially so, perhaps, than in inflammations which take place in the pulmonary structure. In the slighter cases, the tenderness is confined to a part which we must consider as the point of the inflammation. In deep-seated inflammation, the functions of the viscus, in connection with the part, are apt to be deranged. The peritoneum is apt to be affected in cases of disease of the uterus, and in those of the liver, and the function of this latter organ is especially liable to be affected by it. Sometimes, when the disease arises from chill, there is general tenderness and soreness over the surface of the abdomen, and, after peritonitis has existed for some time in the abdomen, it will fix itself on one side—the left side or the right side. This will come under the head of partial peritonitis. There are many cases in which the inflammation is partial and not general.

The *symptoms of peritonitis* are, in the first place, rigors, general uneasiness, lassitude, and the pulse frequent and small. These symptoms are followed by heat of skin, headache, pulse hard, wiry, and more frequent; and then we have more or less pain in the abdomen, coming on with general heat, particularly of the abdomen, and tenderness on pressure. Sometimes, the pain is trifling at first, and fever comes on afterwards; and the pain may exhibit considerable variations in this respect. Sometimes, it is a sharp pricking pain, referred to some spot in particular, about the umbilicus, or in the hypochondriac or the iliac regions, being increased at times, apparently from the passing of the contents of the intestines. The fæces, in passing, bring the peritoneum into a state of tension, which produces pain. This pain will vary very much at different times. The symptom, most commonly met with, is tenderness of the abdomen. That is present whether there is pain or not, as a general rule. Owing to this extreme tenderness, the patient lies on his back, with the knees drawn up to relax the muscles, and to prevent the tightening of the abdomen—not daring to stir or move from side to side, for fear of increasing the pain by any action of the muscles on the tender parts. Any movement of the muscles increases the pain, and such efforts as are induced, in making water or going to stool, often increase it greatly. Cough, or even breathing, will increase it, especially if the breathing be at all impeded. The tenderness, although a very constant symptom, varies much in degree. Sometimes it is extreme, and the patient cannot bear the weight of the bed-clothes. At other times, the patient, while in a quiet state, can bear great pressure, especially if equally performed, but he cannot tolerate the pressure, even of the point of the finger, when made during a full inspiration, where, in addition to the force used on the abdomen, there is a pressure given by the descent of the diaphragm. Another mode, by which the sensibility of the peritoneum may be tested, is by lateral pressure. This often affects the contents of the abdomen more evidently, displacing the viscera, and putting them more on the stretch. As the disease advances, we meet with some of the usual products of inflammation ; serum is thrown out, and fluctuation will be perceptible in some parts. This, sometimes, occurs in a manner very difficult to be distinguished. It may not be perceptible at all in the anterior part of the abdomen, while the patient is lying down, but it is then to be sought for in the flanks. It scarcely can be called fluctuation in these cases. The amount of liquid is not sufficient to produce this ; there is, however, a dulness on percussion in these regions. The anterior part of the abdomen is, at the same time, tympanitic ; whether you strike hard or gently, the sound elicited is tympanitic. Thus, if there be any liquid in the flank, you will, by striking the finger on it, get a very dull sound ; whereas, by percussing the abdomen, you get a tympanitic sound. This is a valuable means of detecting a very slight amount of liquid in the abdomen. Sometimes, the countenance will display uneasiness and anxiety ; with great depression of spirits, there is a troublesome sensation of nausea, but unaccompanied by vomiting. This occurs where the inflammation is chiefly in the upper part of the abdomen, near to the stomach, but is not always present. There is thirst, and the bowels are generally confined, but not obstinately so, as in intense enteritis. The tongue usually exhibits a white fur, or presents a pink appearance, apparently arising from the redness of the tongue beneath this white coat. The urine is high colored and scanty. The symptoms generally connected with peritonitis, although inflammatory in the first instance, are soon accompanied by prostration ; the pulse is rapid and small, the heat in the abdomen continuous, and the tongue generally dry. As the disease goes on, symptoms of collapse occur, being attended with syncope, and other signs of sinking. Sometimes, if the fever increases, the patient becomes delirious, and the symptoms are aggravated, more particularly at night. In the advanced stage of the disease, the abdomen becomes tense and tympanitic. Sometimes, gastric irritation may occur with vomiting. The pupils are contracted, the countenance is expressive of extreme prostration and anxiety, cold sweats ensue, and death may occur at a period, varying from two days, as in cases of extreme severity, to two weeks or more. Sometimes, peritonitis may go on for twenty days before the fatal result. That happens in the chronic form. Attacks of acute peritonitis are brought on by suppression of the various discharges from the bowels, the kidneys, and the uterus, &c.; also, by extensive inflammation from wounds, either of the abdominal walls, or of the viscera. Ulceration, or perforation, of the intestines, or surgical operations, as for hernia, and so forth, will produce it. Excessive distension, too, becomes a cause, as in the case of ascites or tumors. Blows on the abdomen may also be enumerated. Puerperal peritonitis, in women, is a species of erysipelatous inflammation. In this case, the fever is more of a typhoid character. There are some points to be noticed in the symptoms of peritonitis, arising from perforations. I think I have already sketched out the manner in which the patient is affected in cases of perforation: violent pain in the abdomen, generally accompanied by sickness and vomiting, and the pain so acute as to bend the patient double; the pulse is very frequent and thready, and the countenance becomes extremely anxious and oppressed. We all know the peculiar aspect of the countenance—the heavy look, in congestive fevers; and when the patient has been all of a sudden seized with violent, cutting pains in the abdomen, how the character of the countenance is changed from this pallid, heavy, look. The eyes, half closed, become open and staring, straining anxiously for relief; the breath becomes hurried, and, altogether, an expression of extreme distress and agony is produced. These are the general characters of perforation of the peritoneum. With regard to the morbid anatomy of peritonitis, in violent cases, more or less liquid is generally effused, containing portions of lymph in shreds and patches: sometimes, the lymph is spread over the whole surface, and at other times, it exhibits itself in mere points; the latter is more usual in the chronic form. The redness is not very distinct; there are striated patches of redness, as in inflammation of the serous membranes generally, sometimes punctiform, more particularly in the chronic state.

The diagnosis of peritonitis is to be established: in the first place, from *colic*, by the continuance of the pain and the tenderness of the abdomen, as well as the presence of fever, and heat of the surface. The heat and presence of the tenderness, in peritonitis, are the most constant signs. From *enteritis* we distinguish it, by the absence of functional derangement of any one organ in particular, and by the non-existence of constipation. There is no violent vomiting, as indicative of *gastritis*; no dysentery, as in inflammation of the *lower intestines*; none of the symptoms indicating disease of the *liver* or of the *kidneys*, and so forth. It is a general inflammation, and the symptoms are those of a general disturbance of the system. In a few instances *hysteria* seems to resemble peritonitis in a remarkable degree; the latter is to be distinguished, chiefly, by the permanent heat, pain and tenderness, which are fixed in one part, not moving from spot to spot; and, likewise, by the absence of hysterical symptoms. In hysterical affections, you find the pain more diffused than in peritonitis. You must remember, also, there may be peritonitis in hysterical subjects, in a slight form. Sometimes, the products of the disease will give additional indications. The presence of serum in the abdomen, together with pain, is a strong confirmation of the existence of peritoneal inflammation; likewise, it is known by the cracking sound of the abdomen, caused by the motions of the liver and of the intestines, when covered with lymph; Drs. Bright and Beattie speak of this sign. The descent of the diaphragm, by pushing down the liver, will cause this cracking sound.

The *prognosis of peritonitis* is very serious; it is a very dangerous disease, when it occupies a large extent of the peritoneum; and we must be guided in our judgment, not only by the local tenderness, but, also, by the constitutional state, and the character of the pains. It is a disease that can scarcely be combated, unless taken early. The prognosis is favorable in proportion as the patient can bear the treatment.

The *treatment* is to be chiefly antiphlogistic. In the early stage, free bloodletting should be employed, if the pulse is hard, until syncope is induced. After this, the local inflammation, that remains, must be reduced by free leeching, followed by large poultices, and these may be kept warm by being covered with oiled silk. Fomentations are very useful, but sometimes they are very troublesome to the patient. Calomel and opium should be given, every two or three hours, until the gums are affected. At a very early stage it is better to give one dose of some mild aperient: calomel with conium, or blue pill, followed by a dose of castor oil. The quantity of opium may be increased, if the pain is severe. Where the pulse is feeble from the beginning, as is sometimes the case in puerperal, or erysipelatous, peritonitis, bloodletting should be avoided. It would destroy the patient, to draw blood at the very outset. In these cases opium seems to be the chief remedy. The great object is, to keep the parts as quiet as possible. In case of peritonitis, connected with perforation, the disease is generally fatal; but if the peristaltic action can be kept quiet, until adhesion takes place, and the effusion of lymph can be stopped, the patient may do well. Dr. Stokes gives the case of a patient who recovered under such circumstances. It is of the greatest consequence, after peritonitis has been removed, to keep the bowels in a gently open state, and epecially to avoid motion too soon. The patient should not get up in bed too quickly, as the exertions of the muscles of the trunk does violence to the recently-inflamed parts, and may reproduce the inflammation. The patient should be kept in bed, in a horizontal posture, for some time after the removal of the symptoms.—*London Med. Times.*

MEDICINAL PROPERTIES OF ERGOT AND QUININE.

By W. H. Luce, M.D., of Tisbury, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

1.—**Ergot** has been regarded, hitherto, more in relation to its local, specific action on the uterus, than as a general remedy; but recent observation of its effects has fully persuaded me, that in its general action, under certain morbid conditions of the system, it is a powerful sedative and febrifuge—possessing, in a high degree, the power of allaying irritation and fever.

This conclusion is derived from the following facts:—

A. P., aged 28, of delicate health, mother of one child. Aborted at the third month, on the 23d September, 1844. Got up and attended to her domestic affairs until the 28th, when she was seized with rigors, pain in head and back, &c., which augmenting on the 29th, she sent for me. Found her in bed. Pulse quick, frequent (115), contracted and easily compressed; skin hot and dry; face flushed; severe pain in head and back; tongue coated white, but moist; thirst; bowels confined, but not tender under pressure; has a slight discharge from uterus of a very fœtid odor, but has experienced no pain in that region since her miscarriage. Satisfied that the source of all the trouble was to be found in the uterus, and that the irritation and fever were probably symptomatic, I made an examination. The os uteri was slightly open, thin and lax. Within, posteriorly, my finger came in contact with a large spongy mass, which I could move from side to side, but could not extract. The uterus was large, flabby and without tone. I did not think it prudent to introduce my hand, and having no instruments I resolved to try the effects of ergot. I accordingly gave her ʒ ss. of pulv. ergot, and made an infusion in the proportion of ʒ iss. to ℥ iij. water, and ordered the nurse to give her a table spoonful every hour, until pain or some untoward symptom should forbid its further exhibition. At the expiration of seven hours, visited her again. The change was truly surprising. To my great astonishment and joy (for I felt great anxiety for the woman), every bad symptom had vanished. In the short space of seven hours, pain had ceased, the pulse become calm and regular, skin cool and no thirst. In short, every trace of irritative fever had disappeared, and she expressed herself as feeling like a new person. My first impression was, that the remedy had produced the desired effect—uterine contraction and the expulsion of the irritating mass, and consequently the subsidence of the sympathetic action. But on inquiry I learned that it had produced no pain, and to my surprise on examination, everything remained in the same state as at my previous visit. The only appreciable effect was slight nausea after taking the first dose, which soon passed off. With the aid of a blunt hook I succeeded in extracting the putrid mass, which emitted the most noisome stench. I ordered injections of solution of chloride of lime, a saline cathartic in the morning, and left her. Being called from home, I did not see her again for two days, when I found her sitting up, free from disease, and comfortable in every respect, with the exception of slight debility.

Is the rapid and favorable change in the symptoms of the above case imputable to the remedy? or was it a mere chance occurrence, a freak of the vis medicatrix? For my own part, I have not the least hesitation in ascribing it to the ergot; for we have no reason to suppose that the symptoms would have abated, while the cause remained in force, without the interference of an active agent. Whether it will be found useful by others in similar cases, and other febrile affections, trial and observation can alone determine.

What is its *modus operandi?* Does its virtue reside in its nauseating properties? and ipecac. or antimony prove equally as efficient? Or does it act strictly as a sedative, independent of those properties? The latter would appear to be its true action; as the effects were more than commensurate with the slight nausea produced on its exhibition; and I think a more extended inquiry into its properties, and experience in its use, will corroborate this opinion.

2.—Quinine. It is not my intention to speculate on the nature or cause of fever, but it has often forcibly struck me, that in our common continued and typhoid fevers, their force was primarily directed upon the nervous centres, producing a very marked depressing influence upon the vital forces. This depression constitutes the first link in the chain of morbid phenomena. Hence the chills, languor, peculiar stiffness and aching of the head, eyeballs, back, &c., which all disappear as soon as reaction or fever is fully established. It occurred to me, if we could sustain the vital powers, and keep them as nearly up to the natural standard as possible, during this stage of depression and before reaction took place, we should be placing them in the best possible condition to withstand and eventually overcome the morbid depressing influences under which they were laboring, neutralize the morbid action, restore the balance in the system, and thus avoid the second link in the series, reaction or fever; in short, that we should forestall the stage of excitement by creating a new and healthy action, and thus break up the morbid series. From some trials which I have recently made with quinine, I think it to be the agent on which we can place the greatest reliance in the fulfilment of this indication. In adequate doses, in this depressed state of the system, its action approximates very nearly to that of health, diffusing a glow and feeling of warmth and comfort through the system, without undue action or excitement. It arouses the depressed powers, breaks up the morbid action and tendency to congestion in the viscera, and restores the system to health. The chills, headache and lassitude, give place to healthy excitement, which we should carefully sustain by giving the remedy in such doses and at such times as to keep up an uniform action. If the chills, &c., do not give way, continue the medicine and increase the dose. Be careful and not let the patient have a chill. If the stage of excitement comes on, lessen the dose and give effervescing draughts. By this means a uniform action will be kept up. A dose of grs. ij. every three or four hours, is generally sufficient to produce this effect. If there is great torpor and depression, its combination with carb. ammon. in warm wine whey, will arrest its action. If there is a tendency to diarrhœa, or it produce any nausea or griping, a few drops of tr. opii or sol. morph. will prove beneficial. The cases in which I have employed this remedy were chiefly those of an asthenic or typhoid character, in the first stages, with chills, languor and depression, feeling of stiffness in the head, eyes, and back, face pale, with an occasional flush; tongue coated, yellowish white, moist, red at edges and spotted, sometimes red, rough and dry, coated in patches, or finely sprinkled with minute grains; pulse quick and feeble; generally griping and pain in stomach and bowels, without any very serious local complications. In two cases, however, I have prescribed it where the patients were laboring under active febrile excitement, with flushed face, heavily coated tongue and rapid pulse, with marked benefit, —the fever abating, pulse becoming reduced in frequency but fuller, and the exacerbations declining, without in the least increasing the headache, thirst, or excitement.

In the case of a lady who had been sick ten days, and whom I found in a high state of fever, with a hot, dry skin, red and parched tongue, great thirst, flushed face, delirium, and profuse diarrhœa, I prescribed it in connection with opiates, absorbents and demulcents, and finally with camphor and carb. ammonia, with the most satisfactory results. All the symptoms gradually abated, and she recovered.

If complications of an inflammatory nature existed, it would perhaps be a dubious remedy, until these were subdued. The bowels should be well opened before, and occasionally during its use, by mild unirritating laxatives, as oil, rhubarb, &c., provided diarrhœa is not present; in this case recourse should be had to demulcents, fomentations, and slight opiates. Strong irritating cathartics, or the too frequent use of milder ones, cannot be too strongly reprobated, in fevers accompanied by much gastric irritation.

Quinine is a pure excitant and tonic, and as such has scarcely been thought of in the treatment of idiopathic fevers, with the exception of intermittents, remittents, and in the latter stages of typhus, where great prostration, &c., indicated its employment; but I believe it will be found *the remedy*, also, in all fevers of a low grade from the commencement, more especially in the formative stage. In inflammations and symptomatic fevers of a high grade, it probably has no place.

REMOVAL OF A TUMOR WITHOUT PAIN.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I was much gratified by your notice, a few weeks since, of Dr. Bodinier, of Paris. I have seen many of his operations in this city, and I am satisfied that his advent here will prove quite an era in the annals of American surgery. I have never in my life been more surprised, than on Thursday, the 16th of January, when invited by him to witness the following case.

I have, as you know, always been a disbeliever in Animal Magnetism.

I have never seen any experiments which were satisfactory, and those detailed by others I have thought could be explained without believing in Mesmerism. This case, however, was very astonishing. I will give you the facts, and you can draw your own conclusions.

Margaret S——, Chambers street, aged 22, of Irish descent, had been affected for five years with a lymphatic tumor in the parotid region, which had increased very rapidly during the last six months. Her health was excellent; she had no engorgements in any other part of the body, and no appearance of scrofula. The tumor threatened to cause great deformity, and she applied to Dr. Bodinier to have it extirpated. As Dr. B. had already operated successfully on two cases in Paris, at the Hospital St. Louis, while the patients were in a magnetic sleep, and as this seemed a favorable case for another attempt of the same character, it was proposed to Margaret S., who immediately assented to the experiment.

On the 29th of December Dr. Bodinier magnetized her, and succeeded on the first trial in putting her to sleep. This was repeated every other day, with a view to produce perfect insensibility, till the 16th of January, when the operation was performed. On that day I saw the patient at half past 11, A. M. She walked into the room apparently quite bright and talkative, and seemed in no wise sleepy. Seating herself in a chair, Dr. Bodinier commenced his passes; in five minutes I saw the eyelids droop, and at twenty minutes of 12 she was soundly asleep—the pulse and the respiration natural. Attempts were now made to wake her, but unsuccessfully. I remained till 12, A. M., during which time I examined the tumor, and the doctor described the operation about to be performed. I now left the patient to make a few visits, and returned at quarter past 1, P. M., in company with Dr. J. W. Francis, and Mr. J. S. Redfield, who had been invited to witness the operation. In a few minutes we were joined by Drs. Mott, J. Kearney Rodgers, Delafield, Robert Nelson, Isaac E. Taylor, Dr. Alfaro of Madrid, Mr. Parmly (the distinguished dentist), a physician from Buenos Ayres, and several others resident in the house. We now descended to the basement, where the female was still asleep. Everything being ready, Dr. Bodinier remarked, in French, that "the operation would not be a brilliant or rapid one, as he wished to preserve from injury the facial nerve, which is frequently divided in extirpating tumors from this region; and that consequently, instead of making his incision from the external auditory foramen, to below the lower angle of the jaw (the extent of the tumor), he should commence it about half an inch below the lobe of the ear, and behind the angle of the jaw, carrying it downward in the direction of the folds of the chin in that region, with a view to avoid the division of the facial nerve and consequent paralysis of the parts to which it is distributed, and also to conceal the cicatrix as much as possible."

The skin was now divided, for about an inch and a half, with a convex bistoury, and also the sub-cutaneous cellular tissue, the aponeurosis in the parotid region, and a portion of the parotid gland itself, and the lower half of the tumor was exposed; the upper end of the incision was now raised and held with a blunt hook, and also the branches of the facial nerve in that region; the lower part of the tumor was grasped with the *pinces de Museux*, and drawn downward; and then, instead of completing the operation with the bistoury, by which the facial nerve would have been exposed, the tumor was raised from its bed and separated from its attachments by the blunt edge of a pair of curved scissors. The tumor was now removed, and proved to be the size of a pullet's egg. No large vessels were divided, the facial nerve was saved, and but little hemorrhage ensued. The operation was performed in two and a half minutes. A stitch of suture was now inserted, the edges of the wound were brought together, and it was dressed.

You may imagine my surprise to see that the patient was perfectly unconscious during this operation. The pulse remained natural, the respiration was not hurried, not a feature of the face changed for a moment, but the patient slept as quietly and profoundly as an infant in its cradle. Most of the other gentlemen who witnessed the operation seemed as much surprised as myself, but one could not disbelieve his eyes. The operation being completed, Dr. Bodinier stated that the patient would not be awakened immediately, as this would cause her pain, but that the sleep would be continued by the magnetic passes till quarter past 4, P. M., when she would be awakened, and requested those gentlemen who wished, to return at that hour.

On going to the house again, at the time appointed, I found there Drs. Taylor, Parmly, and several others. After a few passes, the patient was awaked. I immediately inquired, "if she felt any pain in any part?" She answered, "no, but her limbs were weary." I asked her "if she had suffered during her sleep?" She said "no." "If she had been cut while asleep?" She said "no, that the operation was to be performed the next day," as Dr. B. had told her would be the case. She was now shown the tumor, and seemed much surprised and gratified. She remained up till 8, P. M., when she went to bed. She laid in bed the next two days, everything went on well, and now, the third day, the wound has united by the first intention, everything promises a speedy recovery, and the patient has been free from suffering.

I have thus, my dear Sir, given you a minute and true detail of the most singular case I have ever witnessed. I leave you to draw your own conclusions. The high character and established reputation of Dr. Bodinier, in Europe, forbid all suspicion of collusion, even if one were inclined to doubt his own eyesight. A. SIDNEY DOANE.

32 *Warren St., New York, Jan. 20th,* 1845.

MEDICAL PRACTICE IN CHINA.

[THE following letter from Dr. Cumming, a young American physician now in Amoy (China), is taken from the Southern Medical and Surgical Journal.]

"In your letter, you request me to send home accounts of our medical operations. Up to this time there has been so little of order and method in my practice, that I have had few opportunities of observing cases long enough and well enough for description. Of the history of the cases, there is often little or nothing known by the patients. They seem to forget the dates and peculiarities of their disorder with the greatest facility. But as we learn more of the language, this difficulty will be diminished, as we may do much towards refreshing their memories by pertinent questions. As yet, all description must be most general. The most common of all the disorders is gastralgia (generally complicated with pyrosis)—of 388 new cases received during February and March, there were 68 of this disease, 13 of simple indigestion, 9 of simple pyrosis, making 90 affections of the stomach. Of coughs (principally bronchitis) 56, asthma 15, rheumatism 17, pains (from falls, &c.) 18, of affections of the skin 20, and miscellaneous medical cases 23. Of keratitis 32, conjunctivitis 25, blepharitis 18, opacity of cornea 14, trichiasis 6, iritis 3, staphyloma of iris, 3, miscellaneous affections of the eye 7 (of which 1 of melanosis)—eye cases 108. Syphilis 17, other affections of the genital organs 5, otitis 3, ulcers 8, miscellaneous medical cases 8. Of all these diseases, the acute inflammation of the eye and the affections of the stomach are most frequently cured. For the former, we cup, purge, blister and anoint. I have recently been much pleased with an ointment of sulphate of copper—I use from 8 gr. to 16 gr. per ounce of lard. For gastralgias, &c., we have almost a specific in a preparation of pepper 5 parts, and rhubarb 6 parts ; we make 133 pills of an ounce of this mixture, and give six pills daily, 2 an hour before each meal ; it has done admirably thus far (nearly two years). For the cough, we use ipecac. or tartar emetic pills, with some success (12 gr. of the former or 3 of the latter, in twelve doses daily). Many cases of asthma are much relieved by belladonna and ipecac. pills. For rheumatism we blister and give Dover's powders. For syphilis, corrosive sublimate pills 1-6 gr. each, beginning with two a day and going on to ten. In cases of opacity of cornea, we blow into the eye a mixture of sugar candy and red precipitate, finely powdered—this is done from two to six times daily. In these we are quite successful. Of hydroceles, we see a great many—I punctured two to-day, but our patients are generally satisfied with having it emptied, go away very much rejoiced and never come back. We have quite a number of miscellaneous surgical cases, such as whitlows, abscesses, wounds (especially among the sailors), bruises, &c. &c.

"I suppose that you have heard that Dr. Hepburn, of the Presbyterian Board, came here in November. He is fast picking up the language, and is a good deal interested in medical matters. We rented two houses in Amoy about the end of the year, and I came over the 19th of January. Since the opening of our dispensary here, we have many more patients than before. Since the beginning of February, Dr. H. and I have had more than 560 new cases, averaging 10 daily—they are also of a more interesting kind than formerly, there being a far larger proportion of acute cases. Our dispensary consists of a front room 42 by 21, in which the patients are seated, and a back room 18 by 21, in which are our medicines and in which we carry on our operations. We have two assistants (Chinese servants), who can cup, spread blisters, &c., make pills and help us in many ways. I am desirous of getting three or four youths trained as regular assistants; with these, we could accomplish far more than at present. My teacher thinks of learning the business. Of medicines we have had a pretty good supply, and we expect that Mr. Boone will make permanent arrangements on this point. We are even now looking out for a stock just arrived from the United States. We have opened a hospital also, principally for cases of cataract. We have room for 50 patients, but have now only 8. If we succeed in our first operations for cataract, I think we shall have multitudes of cases. What we need is skill, and if we acquire that, we may do a great deal of good. In time, I have no doubt that we shall be able to send home some interesting articles, but it will take considerable additions to my knowledge both of medicine and Chinese, before such memoirs can have much value.

"Our missionary medical body in China is increasing in number. A Dr. McCarter, of New York, has recently arrived, sent out by the Presbyterian Board, with a printer. We learn from home that Mr. Boone hopes to bring out a number of new missionaries—they will be welcome, for they are much needed. Dr. McGowan, of the Baptist Board, expects to settle at Ningpo—he was there during the winter, and had many patients. As soon as we can have access to the neighboring cities, we shall have an immense field for medical practice; and I think it likely that we should be tolerated where no one else would. Within forty miles from Amoy, there are probably more than three millions of people. How fine a field for medical enterprise! Amoy might be made the central station, from which medicines, &c., could be forwarded to other places. In a few years there will be ample employment for scores of physicians. And if we hope to raise up men among the Chinese to practise the healing art, we cannot expect that three or four teachers, having their hands full of work, will be able to do much. If those Christians who complain that they can find nothing to do as physicians at home, would come hither, their complaints would soon cease. And for men anxious to learn, here is a fine opportunity. If we had the funds for a large hospital, we could easily keep it full. By feeding the patients, we could keep them as long as we desired, and by judicious selection we could soon beat any hospital in Europe, for we have a population around us, and an absence of competition which would draw hither all, of medical importance, for many leagues in the interior, so that La Charité and l'Hotel Dieu, of Paris, would be completely eclipsed. May that day come."

"There is, perhaps, no quality attached to a correct professional character, more fascinating to the generality of mankind, than a bland, gentle, humane mode of examining and prescribing for the sick. It steals like the sweetest notes of music into the bosom of the unhappy sufferer, and imparts a presentiment that all will go well."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 29, 1845.

Petrifaction of Animal Bodies.—Some recent discoveries in the Territory of Iowa have resulted in determining the fact that there are certain localities, in that far-off region, where bodies of animals, after being buried a short time, are converted into stone—or, in other words, the particles of organized matter are mysteriously exchanged for lime, without essentially deranging the color or arrangement of parts. What is to prevent some ingenious investigator from detecting nature in the very midst of her operations in this matter? The great discovery by Dr. Segato, who died without divulging the marvellous method which he could practise of turning the entire human body into solid stone, at his pleasure, unquestionably had its origin in surprising this same dame nature at her occult labors. There was no mistake in the character of his surprising lapidific achievements: the astonishing monuments of the perfectibility to which Dr. Segato carried the art of converting single organs, groups of viscera, or the entire mass of a dead body, into stone, are the richest public gems in Italy. There they are, to be seen and to be wondered at by travellers from all sections of the civilized world. No attempts appear to have been made, of late, to re-discover the lost secret—simply because it is supposed to be locked up in the archives of unknown things, apparently forever beyond the ken of human investigation. Chemistry offers no assistance in a search of the recipe; and explorations by the learned, with a view of recovering the magic wand, which, in the hand of Segato, at his individual bidding, transformed a being, once endowed with life, into an unyielding statue of marble, of late seem to have been wholly abandoned.

Let not this hint be lost upon Iowa philosophers.—Those who are visiting that great territory, so rich in agricultural and mineral resources, should investigate every circumstance connected with the developments alluded to in the extract appended to these observations. Five months ago we were ranging over the great prairies of the far west; and the impressions made by the scenery of the Falls of St. Anthony, and that of other places in that region, cannot easily be forgotten. Had the phenomenon here detailed by a letter writer, been announced while we were there, investigations would have been immediately instituted. A correspondent of the New Hampshire Patriot, writes as follows respecting the above-named discovery.

"There is something in the nature of the soil which petrifies many substances, such as shells, wood, bark, fish, feathers, and insects and reptiles. I have seen them of all these various kinds—some very natural fish and insects, and I saw one complete wing with all the feathers. There was a very singular instance of petrifaction discovered yesterday in this town. The citizens have built a new cemetery, and have removed many of their friends from the old graveyard to it. Many of the coffins have been found to be unusually heavy, even of small children. Yesterday, in attempting to remove a Mrs. Evans, who had been dead about five years, they found it difficult to get the coffin out of the grave, and curiosity excited them to open it, when they found it in a state of petrifaction. The nose and some parts of the face were decayed, but the neck and the wrinkles in the flesh were perfectly natural. The flesh on one of the legs had the appearance of what is usually termed goose-flesh. Petrifaction was not entirely complete, except on the exterior. I did not see the body, but I saw some pieces taken from it. They had the appearance of lime-stone. So much for the marvellous. But singular as it may be, it is true."

The Medical Press at Home and Abroad.—The late edition of Dr. Reese's "Cooper's Surgical Dictionary," including the notes and appendix, are now in the hands of Dr. Antoine, of Milan, who is translating the whole into the Italian language. Dr. Reese has received a complimentary letter from him, in which he expresses his purpose to do justice to American surgery, which, strange to relate, has never yet been done in Europe, except by Dr. Reese's labors so far as Dr. Cooper has republished them.

Among the late meritorious English works which have reached New York, is a volume on Deafness, by Dr. Yearsley, of London, whose contributions to Aural Surgery entitle him to great credit. Another is Dr. Bird's late work on Urinary Deposits, their diagnosis, pathology, and therapeutical indications, which is thought well worthy of republication here. His investigations of this obscure subject have been conducted in Guy's Hospital, and this work contains much that is new and important. Also, Sir Geo. Lefevre's work entitled "an apology for the nerves, or their influence and importance in disease and health." It is an able and profound treatise on the physiology of the nervous system, written in an attractive and popular style, and is worth a reprint.

From Paris, there has arrived the second edition, just published, of Prof. Masse's complete Anatomical Atlas, on a small scale, duodecimo, the plates being 112 in number, and richly colored, accompanied by a brief text, with minute explanations. It is judged to be the most perfect work of the kind ever issued from the press, comprising the whole of descriptive anatomy, including osteology, syndesmology, myology, aponeurology, splanchnology, angeiology and neurology in its classification. We understand that Dr. Reese proposes translating it, for an American edition by the Harpers, which though expensive to get out, could not fail to be extensively patronized. We have never seen a more beautifully-executed treatise. It could not be in better hands for an American dress, and we sincerely hope Dr. Reese will immediately enter upon the labor. His reputation, joined with the bibliographical influence of the Harpers, would ensure an extensive and productive sale.

Diseases of the Respiratory Organs.—Such has been the widely extended circulation of the essays on the diseases of the lungs, by C. J. B. Williams, M.D., both in the Library of Practical Medicine and the medical periodicals, that nothing new can be said of them. In an American edition just published by Lea & Blanchard, additions have made by Dr. Clymer, of Philadelphia, which give an increased interest to the text.

An impression is entertained, perhaps founded in truth, that it is becoming a distinct trade, in this country, to re-vamp foreign books for our home market, by appending the name of an American note-maker. If European authors do not remonstrate against these affixes, when in some instances the design is obviously for the sole purpose of rising into notice on the car-wheels of a distinguished writer, we have no right to complain. Books thus re-modelled cost no more, and we often find, as in the present instance, important facts superadded, of incalculable value to the every-day practitioner.

In appearance this volume is well constructed, having both good paper and binding. Two of the engravings, illustrative of the relation of the lungs to other organs, &c., are very fair. Copies are to be had at Messrs. Ticknor & Co.'s, Washington street.

Taylor's Medical Jurisprudence.—This volume, says the author, may be regarded as the completion of a work, of which one volume was published in 1836, under the title of Elements of Medical Jurisprudence. Mr. Taylor is known to the medical world as a lecturer in Guy's Hospital, on the subject upon which he has written in this work. A man cannot hold a place there whose intellectual calibre is not of the dimensions for conveying great as well as just thoughts. An edition of this standard production is now offered to American readers at a small cost, in which R. E. Griffith, M.D., of Philadelphia, has been adding copious notes and additions to enhance its practical value. He assures the reader that Dr. Beck's elegant and finished treatise, does not preclude the want of one like this. The leading divisions of the text are in the following order, viz. : *poisoning ; wounds ; infanticide ; suffocation ; legitimacy ; insanity, &c.* There are sixty-five chapters, embracing a vast amount of matter. As a whole, the book is a desirable one for any gentleman's library, and we wish it were on every practitioner's table. Lea & Blanchard, Philadelphia, are the publishers, and Ticknor & Co. have copies in Boston.

Massachusetts Eye and Ear Infirmary.—So well does this charity stand in public estimation, that the prospect of being sustained ultimately in a way to command all the conveniences that are really necessary, is quite encouraging. If more frequent bulletins of the operations at the Infirmary were published, the benevolent would be reminded of its existence : these annual reports are not enough to awaken all the interest that the subject demands. Out of sight, out of mind—a saying as old as the English language—is as true in regard to institutions, as to the claims of deserving individuals. More and better accommodations are required for the Infirmary. Many last wills and testaments would, perhaps, have been made in favor of this excellent establishment, if the rich stewards under Providence had been apprised of its wants. The Massachusetts General Hospital, the McLean Asylum, &c., have been refreshed with golden showers from year to year, till they have grown into colossal size, without importuning the public. As it is, the Infirmary has been a State beneficiary, in the sum of $5,000 per annum for some years. We hope to see a new and lofty edifice on the valuable site of the old building now in use, of a commanding exterior, and furnished with all the modern fixtures and appliances which science or humanity require for bettering the condition of those whose last hope of restoration to vision centres there.

Cleft Palate Needle.—Operators will agree in saying, we imagine, that the difficulty of stitching together the sides of a cleft soft palate, is rendered infinitely more difficult in consequence of the imperfection of the instruments commonly in use. How is it possible, with any needle known to surgeons, to carry stitches safely or securely, in this operation, precisely where they are required? This embarrassment has induced Dr. Smiley, of Derry, N. H., the most ingenious and truly original surgical instrument inventor in the States, to investigate the subject, with a view to devising instruments more appropriate, and thus rendering the success of the operation less doubtful. His palate needle is perhaps nine inches long, including an ivory handle. The point is carried off nearly at a right angle from the main shaft, the eye being perhaps three quarters of an inch from the angle. With this, the operator can direct a ligature just where he chooses, with perfect ease, undisturbed by the flow of blood from the freshly cut surfaces. Accompanying the needle, is a delicate steel hook at the extremity of a small staff, which enables the surgeon to command the thread when carried through by the needle. We regard these two simple contrivances as altogether superior to any tools now known to the profession for the closing of cleft palates. We foresee that their intrinsic value will lead to their extensive multiplication by manufacturers.

Legislative Establishment of Medical Fees.—A Mr. Jamison, in the Indiana Legislature, recently introduced a resolution, inquiring into the expediency of restricting physicians within reasonable bounds in their charges for visiting the sick. The probability is, that he is unwilling to pay anything. Physicians in that State are miserably paid for their services, as all other professional men are; and unless the people there are more prompt in settling the small charges the medical gentlemen present for keeping the bodies of the people in better condition than the Representatives to the General Court do the finances of the State, they will be obliged to emigrate to Wisconsin and Iowa, the most promising and fertile regions of the West.

Boston Society for Medical Improvement.—At one of the late meetings of this Society, Drs. Hooker of Cambridge, Bartlett of New Bedford, Cotting of Roxbury, and Sargent of Worcester, were elected members. This was an excellent movement; and if the Society has a desire to extend the sphere of its influence, gentlemen in various parts of the country, distinguished for their professional energy and attainments, should be invited to become associates. The cabinet is one of rare value in morbid anatomy.

Dictionary of Technical Terms.—Why are no copies of this little pocket prompter, by David M. Reese, M.D., of New York, on sale in Boston? It is spoken of as a favorite with medical students in the former place. If it is popular there, it should be equally so in Boston. We only know of its advent, but can give no account of its size, shape or character, having never seen a sample.

Law respecting Dissections in Massachusetts.—The notice in last week's Journal, that a committee had been appointed in our legislature to consider the expediency of *repealing* the present law, which provides that the bodies of paupers, buried at the expense of the State, shall be given up for anatomical purposes, was a mistake. Dr. Buck, of Boston, moved an *amendment* of the act, so that overseers of the poor, almshouse keepers, &c., instead of obstructing the intentions of the legislature, by keeping back such subjects as the law contemplates, shall aid and assist in delivering them over. There is need enough of the alteration, since a few obnoxious individuals have taken upon themselves, in repeated instances, to thwart the legal provisions for the extension of anatomical knowledge.

Massachusetts Medical College.—The number of students attending the medical lectures of Harvard University in Boston, this season, is one hundred and fifty-seven, being the largest class ever in the city. They are as follows. From Canada 7, Nova Scotia 2, Maine 7, New Hampshire 14, Massachusetts 102, Rhode Island 8, Connecticut 5, New York 3, New Jersey 1, Pennsylvania 1, Maryland 1, Washington city 2, South Carolina 1, Georgia 1, Louisiana 1, Germany 1 = 157.

Ohio Lunatic Asylum.—From the Sixth Annual Report we learn that the number of patients in the Asylum at the end of last year, was 148. Admitted the present year, 68. Whole number under care during the present year, 216; average number in the Asylum for the present year, 149. 70 were discharged the present year—recovered, 40; incurable, 23; died, 7. 38 recent cases were discharged the present year—recovered, 34; incurable, 3; died, 1. 32 old cases were discharged the present year—recovered, 6; incurable, 20; died, 6. Per cent. of recoveries on all cases discharged the present year, 57.14. Per cent. of recoveries on all recent cases discharged the present year, 89.47. Per cent. of recoveries on all the old cases discharged the present year, including 9 removed by friends, and 13 discharged by the Directors for want of room, 18.75. Number of incurables discharged and removed the present year, 29. Of these, 5 were improved, 18 stationary, and 6 died. Per cent. of deaths the present year, 4.02. Proportion of deaths the present year, 1 of 36. Number in the Asylum at the end of the present year, 146—old cases, 106; recent cases, 40.

Charta Vesicatoria.—M. Heuster communicates the following recipe: R. Ceræ citrinæ ℥jss.; ol. canthar. ℥j.; spermacet. ʒvj.; terebinth. laric. ʒij. Melt together. When nearly cold, the mass is to be spread on paper. To keep the blister open, he recommends the following composition:—R. Emplastr. diachyl. simpl. ℥vj.; resin. depur., ceræ citrinæ., olei olivar. aa ʒij.; Terebinth. ʒv. Melt.—*Scheidemandel in Buchner's Repertorium.*

Medical Miscellany.—The black tongue, so called, about which physicians of the far West are not all agreed, is now raging again with fearful violence in Gibson Co., Iowa.—Mr. Lyell's tour in America, embracing principally geological subjects, is to be on sale about the 20th of Feb.—Rumor says the yellow fever has appeared on board the U. S. Brig Somers, now at Pensacola.—Dr. John S. Griscom gave a lecture in New York, lately, on *Sanitary Reform*, which is well spoken of in the New York Observer—a judiciously-conducted religious paper.—The books of the dispensary physicians of New York, show that nearly 50,000 persons applied for medical relief last season.—Dr. Darby, who has devoted much time to the consideration of the statistics of this country, estimates that the population of the United States, in 1901, will be 101,553,377.—The papers say that Dr. Dixon, of New York, has succeeded in restoring the sight of three aged persons of New Jersey—one being 74, and one 80 years of age.—Dr. Masby, of Virginia, fought a duel the other day, with a lieutenant of the Navy—no harm done.—Dr. Doane, of New York, has completed the translation of Lugol on Scrofula, an important work, which is now in the hands of the binder.—Dr. D. S. Macgowan, formerly a contributor to this Journal, when a resident of New York, is now at Hongkong, China. He will please accept our thanks for a favor by the last arrival.—A Report of the Medical Missionary Society of China, for 1844, will have an early notice. From July, 1843, to Jan. 1844, there were presented to the hospitals of Chusan and Ningpo, 1642 cases. At Shangha, from Feb. 18th to April 30th, 1844, there were 3,764 cases. The Chinese bear operations as quietly as an oyster!

Married,—In South Reading, Dr. J. D. Mansfield to Miss Mary Wiley.—Dr. Lowell H. Holbrook, of Thompson, Conn., to Miss P. Fisher.—Joseph C. Wyckoff, M.D., of Butternutts, Otsego County, N. Y., to Miss Eliza Ann Case, of Franklin, Delaware County.

Died,—In the village of Cooperstown, Otsego County, N. Y., Jan. 16th, Ariel Spaford, M.D., aged 59. As a physician, Dr. Spaford ranked among the first. All subjects connected with his profession were treated with great deliberation, just discrimination and sound judgment. He was a safe, successful, and strictly conscientious practitioner. Towards the members of his profession, he always bore himself honorably, and with the highest degree of professional courtesy. Society will feel the loss of such a man; the poor and destitute will miss him, for "he never turned his face from any poor man." Numerous friends mourn his departure; an affectionate family and relatives are overwhelmed by this tide of sorrow. But in this darkest hour of calamity a light is reflected from above, unspeakably refreshing. Dr. Spaford died a Christian, "in the confidence of a certain faith, in the comfort of a reasonable, religious and holy hope; and in perfect charity with the world."—In New York, Dr. William Langstaff, 52.—At Newburgh, Ohio, Dr. Horace Filley, 35.—At New Orleans, Dr. James M. Morrill, 45, formerly of Danville, Vt.

Number of deaths in Boston, for the week ending Jan. 25, 39—Males, 20; Females, 19. Stillborn, 10. Of consumption, 3—croup, 2—infantile, 2—lung fever, 7—intemperance, 1—tumor, 1—compound fracture, 1—apoplexy, 1—marasmus, 2—brain fever, 1—inflammation of the bowels, 1—dropsy on the brain, 2—fracture, 1—inflammation on the lungs, 3—rheumatic fever, 1—old age, 2—cholera morbus, 1—scarlet fever, 1—internal disease, 1—fits, 1—pleurisy fever, 1—teething, 1—child-bed, 2.

Under 5 years, 19—between 5 and 20 years, 3—between 20 and 60 years, 10—over 60 years, 7.

MEDICAL HISTORICAL LIBRARY

Medical Institution of Yale College.—The annual examination of candidates in this institution commenced on Wednesday, the 15th inst., and continued two days. Present on the part of the Connecticut Medical Society, Luther Ticknor, M.D., of Salisbury, *President;* Charles Woodward, M.D., of Middletown, Silas Fuller, M.D., of Hartford, Archibald Welch, M.D., of Wethersfield, and Rufus Blakeman, M.D., of Fairfield; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson.

Eleven candidates, who had attended two full courses of lectures, and complied with the other legal requirements, were admitted to the degree of Doctor in Medicine, by President Day, of Yale College, viz.: James Austin, B.A., Union College, Carmel, N. Y.—On *Remittent Fever.* Gardner Barlow, Meriden—On *The Demerits of Empiricism.* Edward McEwen Beardsley, Monroe—On *Puerperal Fever.* Joseph Edgar Clark, Rootstown, Ohio—On *Medical Chemistry.* Robert Wasson Forbes, B.A., New Haven—*The Valedictory Address.* Benjamin Maltby Fowler, New Haven—On *The Importance of the general diffusion of Elementary Medical Education.* Hiram Holt Loomis, Woodstock—On *The Fœtal Circulation.* William Henry Rossell, Trenton, N. J.—On *Ophthalmia.* John Hanson Thompson, Philadelphia, Pa.—On *Necrosis.* Edward Goodrich Ufford, South Hadley, Mass.—On *Scarlatina.* Enoch Tenney Winter, New Haven—On *Scrofula.*

On Wednesday afternoon, the *Valedictory Address* was pronounced in the College Chapel, by Robert Wasson Forbes, B.A., one of the candidates, and the *Annual Address* to the candidates by Charles Woodward, M.D., of Middletown, of the Board of Examiners.

William H. Cogswell, M.D., of Plainfield, is appointed to give the Annual Address to the candidates at the examination in 1846, and Rufus Blakeman, M.D., of Fairfield, his substitute.

Vermont Medical Society.—The following persons have been elected officers for the ensuing year. Anderson G. Dana, *Brandon, President;* Horace Eaton, *Enosburgh, Vice President;* Z. P. Burnham, *Montpelier, Secretary;* J. A. Allen, *Middlebury, Corresponding Secretary;* James Spalding, *Montpelier, Treasurer.* Charles Hall, Noadiah Swift, Orange Smith, J. B. Porter, Eldad Alexander, J. Rice, John Dewey, H. H. Reynolds, B. R. Palmer, John L. Chandler, W. R. Ranney, Walter Carpenter, and James Tinker, *Censors.* Drs. J. A. Allen and A. G. Dana were appointed delegates to attend the examination of students at Castleton Medical College; and Drs. W. R. Ranney and J. Y. Dewey, delegates to the Woodstock Medical Institution. A semi-annual meeting is to be held at Castleton at the close of the lecture term in the spring. Dr. Allen is appointed to deliver an address at the semi-annual meeting. Drs. Eaton and Rockwell are appointed to deliver one at the annual meeting.

Laporte University, Indiana.—Professors: Anatomy, Dr. Richards, of St. Charles, Ill.; Adj. Professor Anatomy, Dr. Shipman, of Cortlandville, N. Y.; Theory and Practice, Dr. Brown, of Kalamazoo, Mich.; Mat. Med., Dr. Knapp, of Chicago, Ill.; Chemistry, Dr. Niles, of Laporte; Surgery, Dr. Meeker, of Laporte; Midwifery, Dr. Hard, of St. Charles, Ill. The Medical Class, the present session, is said to number forty-four.—*Bulletin of Med. Science.*

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